MARYLAND STATE DEPARTMENT OF HEALTH

Ur	STATISTICAL KESEAKCH	ANU	KECOKD2	_	BALI
	CERTIFIC	ΔTF	OF D	F	ATH

	6884		CERTIFIC	ATE OF DEATH			06	288
Montgome:	ry	916	MARYLAN	2. USUAL RESIDENCE (W	L	f institution: Resid	lence before	admission)
DIIDAL and nice	N (If outside corporate limi	its, write	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (IF	outside corporate limit	s, write RURAL on	d give neare	est town)
Bethesda	e neorest town)		64 days	Charlest	on		25	X
d. NAME OF HOS	SPITAL (If not in hospitol, g	give street o	oddress)	d. STREET ADDRESS	-	100	e.	IS RESIDENCE ON A FARM2
The Clin	ical Center,	Beth	esda 14, Md.	1438 - 6	th Avenue			YES NO
NAME OF DECEASED (Type or print)	Kat	hryn	Annette	Abood	4. DATE OF DEATH	June	Day 6	Yeor 19 61
Female	6. COLOR OR RACE White	7. MARR	D DIVORCED	A	a _last h	(In years IF UND irthdoy) Months	T	Hours Min.
la. USUAL OCCUPA	TION (Give kind of work	done 10b.	KIND OF BUSINESS OR IN	IDUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12.0	ITIZEN OF V	VHAT COUNTRY
Student	orking life, even if retired	,	None	West Vi	rginia		U.S.	A.
. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
Robert A.	• Abood			Virginia	Kirk			
(Yes no, or unknown) NO 18. CAUSE OF I	DEATH [Enter only one co	ouse per lin	None ne for (o), (b), and (c).	7.INFORMANTTHe Med The Clinical C			INTER	VAL BETWEEN T AND DEATH
	IMMEDIATE CAUSE (c	1 4500						
Conditions, if	f ony, which (b	Ser	oticemia	ous Leukemia				months
gove rise to couse (o), stati	f ony, which (b) immediate ng the under-	Ser		Jus Deukenita				
gove rise to couse (o), stati lying couse to	f ony, which to immediate and the under- to the transfer of the under- to the transfer of the	Ser	oticemia	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN P	ART 1(o) 19.	week
gove rise to couse (o), stori lying couse to Part II. (f ony, which to immediate and the under- to the transfer of the under- to the transfer of the	Ser	oticemia CONTRIBUTING TO DEATH				ART 1(o) 19.	WAS AUTOPSY PERFORMED?
gove rise to couse (o), stori lying couse to Part II. (c) 20a. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIO	DUE TO f ony, which immediate ng the under- st. (c) DTHER SIGNIFICANT CON WAS UNDERLYING WAS UNDERLYING CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Ye n.	Sex DITIONS C	OTICEMIA CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERA	Port I or Port II of ite	m 18.)	ART 1(o) 19.	WAS AUTOPSY PERFORMED? YES X NO
gove rise to couse (o), stori lying couse to PART II. (O PART III. (O	DUE TO f ony, which immediate ng the under. St. OTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Ye m. 19 that (I) (this haspital eased alive an	Sep Districtions C 20b. DESC ar 20d. IN White of work	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of work ed the deceased fro	BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., el	Port I or Port II of ite	m 18.)	ART 1(o) 19. (County) 61, tha	WAS AUTOPSY PERFORMED? YES X NO (Stote
gove rise to couse (o), stori lying couse to PART II. (COUSE) 20a. ACCIDENT OR CONTRIBUTION CON	DUE TO f ony, which immediate ng the under- st. DTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Ye m. 19 That (I) (this haspital eased alive an	Sex 20b. DESC 20b. Desc 20d. In White of world	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of work ed the deceased fro	BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., et al., at death accurred at	Port I or Port II of ite m, 20f. (City or town c.) The June MAED. STAFI	6 19	(County) 61, the	WAS AUTOPSY PERFORMED? YES K NO (Stote t (I) (we) lass stated abave 22b. DATE 6/71/6
gove rise to couse (o), stori lying couse to PART II. (COUSE) 200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOT PART II. (COUSE) 200. TIME OF IN. Hour o. r. p. r. 21. I certify it saw the dece	DUE TO f ony, which immediate ng the under- st. DTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) UNEY Month, Doy, Ye n. 19 That (I) (this haspital eased alive an	20b. DESCO 20b. DESCO ar 20d. IN While of world 1) attend 2. A	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of work ed the deceased fro	BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., el APPIL 3 at death accurred at 5 ATTENDING PHYS. 22d. ADDRESS Th	Port I or Port II of ite m, 20f. (City or town c.) 61ta June 32, Aon the ca	om 18.) 6	(County) 61, the	WAS AUTOPS' PERFORMED? YES X NO (Stote (Stote † (I) (we) last stated abave 22b. DATE 6/7/05
gove rise to couse (a), stori lying couse to PART II. (CONTRIBUTION CONTRIBUTION CO	DUE TO f ony, which immediate ng the under- st. DTHER SIGNIFICANT CON WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) JURY Month, Doy, Ye n. 19 That (I) (this haspital eased alive an RICHARD E.	20b. DESC 20b. DESC 20b. descriptions of the second of t	CONTRIBUTING TO DEATH CRIBE HOW INJURY OCCU NJURY OCCURRED Not while of work ed the deceased from 1961., and the LEACH, M.D.	BUT NOT RELATED TO THE TERM RRED. (Enter noture of injury in PLACE OF INJURY (Home, for foctory, street, office bldg., et APRIL 3 ATTENDING PHYS. 22d. ADDRESS Th Institute	Port I or Port II of ite m., 20f. (City or town c.) 51 . ta	om 18.) 6 19 Uses and an 19 Center, h, Bethe ly, town, or county	(County) (County) 61, that the date s Nati	WAS AUTOPS PERFORMED? YES X NO (Stote) (Stote)

may be retained haspital ar attending physician.

D FUNERAL DIRECTO:: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The State Baard of Health priar ta burial, crematian, ar remayal, or may be retained VR A15 (4) 15M 9/59

h. Page 4

the attending physician and campletely filled in by the funeral director. Then please remave carban papers. Pages 1 and 2 shauld be filed with

DING PHYSICIAN: The law requires that the death certificate be executed

and in any event, within 72 haurs after death

24. FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

Bethesda, Md.

250. REC'D BY REGISTRAR DATE JUN 8

25b. REGISTRAR'S SIGNATURE arihur S. House

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	MAKTLAND	STATE DEPARTM	ENI OF HEALTH—BA	LIIMOKE, 13	5
	6885	CERTIFICA	ATE OF DEATH		Reg. Dist. No.06871
1. PLACE OF DEATH o. COUNTY Monts	zome ry	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE		
b. CITY OR TOWN (IF RURAL and give ne Kensingt		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corp Washington D.C.	porote limits, write RUI	RAL and give nearest town)
OR INSTITUTION	At (If not in hospital, give street ton Gardens Nur		d. STREET ADDRESS 4122 Fessenden St	reet, N.W.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First NE 1/1	Middle	ALDER 4. DATE OF DEAT	~ 1	Day Year /2 1961
5. SEX Female	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH March 15, 1875		FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATIO during most of work Ret. Clerk	ing life even if retired)	S. Treasury De	ostRY 11. BIRTHPLACE (Stole or foreign Pt Virginia	country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Mr. William	H. Aider	W.Va.	14. MOTHER'S MAIDEN NAME Amelia C. Washi	ngton	W.Va.
IS. WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT SS Frances J. Crow	Address 14428 Co	selesville Rd.

	Kensington one	month washington D.C.	ナノハー
Ch 4	d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
00		Home 4122 Fessenden Street.	N.W. YES NO.
	3. NAME OF First	Middle Lost 4. DATE	Month Day Year
	(Type or print) //E//iE	ALDER DEATH J4	NE 12 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8. DATE OF BIRTH 9. AGE (In lost birth	
	Female White WIDOWED	DIVORCED March 15, 1875 86	yrs. Manths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF B	USINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF WHAT COUNTRY
	Ret. Clerk U.S. Tr	easury Dept, Virginia	U.S. A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
T	Mr. William H. Alder W.Va	. Amelia C. Washington	W.Va.
U	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SET	Talal 4	Address
	No No None		28 Colesville Rd.
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ral ascular accident	ONSET AND DEATH
	DUE TO	4. 01. 1-	1
	Conditions, if ony, which) (b) AY Ref	Jensian apprinscheratio	Cerebral
	gove rise to immediate DUE TO	ruler of isease 300	ule
	lying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITI	ON GIVEN IN PART 1(a) 19. WAS AUTOPSY
A	\(\bar{\gamma}\)		PERFORMED? YES NO
U	200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW	/ INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item	18.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
			(County) (State)
	Haur a. m. p. m. 19 While Not work of work	11110	
		april 1306/ 10 /2000 12.	10/2 / short less somethe deserve
1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	unve un trade de la		
	ACTUAL SPA (In dagues	. 42 OI FECCEN/NEW	M.W. 6-12-6
	SIGNATURE	M.D. / St. VI F. D. S. V. E. S	J.W.B.
	PHYSICIAN'S P. P. ANDREWS	Mashingle	n 16 6.C.
		AE OF CEMETERY OR CREMATORY 224 LOCATION (CIN	lown, or county) (State)
111	REMOVAL (Specify)		
1//	23. FUNERAL DIRECTOR'S SIGNATURE ADDI	RESS 240 REC'D BY REGISTRAR 24	o. REGISTRAR'S SIGNATURE
li .	Warner E. Pumphrey, Inc. 8434	Georgia Avenue	Ci-Ilus S. Kraug
*	right to away cilvo	r Spring, Maryland	3
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Kensington Gardens Nursing 3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NE White WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) White WIDOWED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rete Clerk U.S. True True True True 13. FATHER'S NAME Mr. William H. Alder W.Va 15. WAS DECASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SET 16. W.	A. NAME OF PROSPITAL (If not in hospital, give street address) A. STREET ADDRESS

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this restificate has been cined by the attending physician.

TO SUMERAL DIRE at this certificate has been cined by the attending physician and criminals. The this certificate has been cined by the attending physician and criminals.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 72 6885

1.	PLACE OF DEATH				2. USUAL RESIDEN	CE (Whare de	ceesed lived, If in	stitution, Resid	lance bafore e	dmission)
1	Mont com				e. STATE		Mont of	omery		
1-		f outside corporeta limits,		c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN (If outsida corpo			va naarast tow	rn)
	Bethesda	(Rural)		114 days	Bethesda		17			
-		AL OR INSTITUTION (IF	not in hos		d. STREET ADDRESS					ESIDENCE
					(000 1	Deaders	1		YES T	A FARM?
		al Hospital		10118		Drive	Month		ev Yaai	l-veril
¥ 3.	NAME OF DECEASED	First		Middle	Last	OF				
1	(Typa or print)	Mark			ALLEN	DEATH	June		19	61
5.	SEX	6. COLOR OR RACE 7	. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9.	AGE (In yeers I			
	Male	-	WIDOWE		3-18-91	ALE	70 yrs.	Months Day	s Hours	Min.
		ION (Give kind of work		IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT C	OUNTRY?
	Civil Engir	rking life, even if retired)	Con	struction	Kentuc	lesr		US	Α	
	I. FATHER'S NAME		10011		14. MOTHER'S MAIDEN			0.0	••	
	William R.	ALLEN			Clara KEYE					
12	. WAS DECEASED EV	ER IN U.S. ARMED FORCE	ES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addrass			
()	as, no or unkown) (II	fyas give war or dales of ser	vice)		Wm. O. Alle	n come	00 #2 0	hove		
-					MM. O. ATTE	II, Ballic	as The	LDOVC	INTERVAL BET	TW/EENI
		EATH [Enter only one o	ausa par I	ine for (a), (b), and (c).					ONSET AND	
		H WAS CAUSED BY: IMMEDIATE CAUSE (a)	Bro	nchogenic carc	inoma					
	162.	DUE TO								
Œ	Conditions, if any, which (b)									
	gave rise to immedi	ate causa					-			
	(e), stating tha u	ndarlying DUE TO						374		
	causa last.) (c)_					CONDITION OUT	NI INI DART 4/	1. 10 MAC	LITODEY
Z	PART II. OTHER	SIGNIFICANT CONDITI	ONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PAKE I(8	PERFC	DRMED?
I									YES X	NO .
CERTIFICATION	20a. ACCIDENT W.		20b. DES	CRIBE HOW INJURY OCCURED). (Enter natura of injury In	Part I or Part II	of item 18.)			
-		CAUSE OF DEATH					9-35-1	19:50		
N N	20c. TIME OF INJU	IRY Month, Dey, Year			CE OF INJURY (Homa, fari		or town)	(County))	(State)
MEDIC	Hour e.m.	19	While at wor	TAOL ALLING	iory, siteer, office brog., ere	'''				
1			12		Feb 10	19 61 to	June 1	3 1063	, that (X)	(wa) lac
	21. I certify t	hat My (this hospita	al) atten	ded the deceased from.		SUDM				
	saw the deceas	sed alive onJu	ue T)	death occured at	M, from	the causes a	and on the		
	22a. SIGNATURE				ATTENDING	MED.	STAFF			. DATE
		0	//	7/ N		DIRECTOR	PHYS. X		6-14-6	1
	22c. PHYSICIAN'S	Maul 1. 1	5m	aweary !	22d. ADDRESS					
	NAME (Type)	Paul G. LIN	AWEAV	ER, JR., MIVMC,	USN U.S.	Naval 1	Hospital	, Bethe	esda, M	d.
2	3a. BURIAL, CREMATI REMOVAL (Spacify)	ION, 236. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC.	ATION (City, tow	n or county)	(S	itete)
	Burial	6-16-61		Ft. Lincoln	Cemetery	Wash:	ington,	D. C.		
2	FUNDRAL DIRECTOR	R'S SIGNATURE		ADDRESS		C'D BY REGIS	TRAR 256, REG	ISTRAR'S SIG	NATURE	
1			1 Hor	ne, Bethesda, N	Md. DATE	JUN 1 6	'61 (William S.	thous	
_	Tr. W. I comb	TOJ TOTOLO		, 2, .	INVIE					-

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be that within Chours after death. Page 4 the retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. M

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Went Bone 27 124 days Becheude U. S. Howell Hongital While the Male Cauconstan Calleaurence Constant five GEYER PRINTS i Dia . F 73-38-7559A (2) 4E. O. ATEGO, CANO SO /2 BOOVE Exemple desired associations and the second second

June 13 (ii)

13-11-0 plant, interestyth, Jr., in its U.S. Heart Heart Heart heart, meaning, M.

Burtilla 6-10-61 it. Lincolm Canacary calcington, J. C.

R. M. Pumparey Peneral Hone, Bethough, Mr.

MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) 1. PLACE OF DEATH e. COUNTY Montgomery Maryland Montgomery MARYLAND pue b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) filled in by write RURAL end giva neerest town) Chevy Chase Chevy Chase d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 6903 Oakridge Ave. 6903 Oakridge Ave. completely 3. NAME OF DECEASED DEAN JOHNSON ALMY (Type or print) DEATH June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | last birthdey) Male White WIDOWED [DIVORCED T attending physician Then please remove IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? don't de l'estres le fiver le set le la nigée de Regulations SEC Portsmouth, N. H. U.S. 14. MOTHER'S MAIDEN NAME Charles E. Almy /Vsabella /Yates Helen Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT removal, (Yes, no, or unkown) | (If yes give wer or detes of service) David O. Almy-son-same 2d Yes Unknown the 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] physician. Carcinoma of esophagus grade" signed by DEATH WAS CAUSED BY: IMMEDIATE CAUSE (& burial-fransit DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH Po After 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) fectory, street, office bldg., etc.) Not While Hour e.m. at work et work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from Feb. 10 Tune 22, 1961, that (1) (we) last P saw the deceased alive on J. 4.N.C. 7.2. 19 Co. 1, and that death occurred at A.M., from the causes and on the date stated above. 22e. SIGNATUR ATTENDING DIRECTOR PHYS. PHYS. O HOSPITAL death. Page 4 22c. PHYSICIAN'S 22d. ADDRESS ARNOLD MCNITT Street, N. W., Washington, D.C. NAME (Type) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify)

VR A15 (4) 15M 9/60

23d. LOCATION (City, town or county)

(State) Arlington National Cem. Arlington, Virginia

6-23-61

e. IS RESIDENCE ON A FARM?

YES NO X

1961

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

PERFORMED? NO X

(Stete)

SIGNED

23.

U. S. A.

24 FUNERAL DIRECTOR'S SIGNATURE ROBERT A. PUMPHREY

Bethesda, Md.

DATEJUN 2 7 '61

250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Circhar S. Thous

(County)

Ivi

6903 Oakridge Ave.

Segradores, S. & C. C. S. Carle Contendents, L. H. C. C. C.

Ownerles 2. Almy

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06874

0000					
1. PLACE OF DEATH			NCE (Where deceased livad, b. COL		ca befora admission)
	MARYLAND	a. STATE	_	20 1	memr
b. CITY OR TOWN (if our de corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	yland (If outside corporate limits, w	rite RURAL and give	nearest town)
write RURAL and give nearest town)		Na			
d. NAMESTING OR INSTITUTION (if not in	42 days	R	ockville		a. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospitel, give street accress)	d. STREET ADDRES:			ON A FARM?
Hospit	al	900 L	incoln St.		YES NO
3. NAME OF Suburban First	Middle	Last	4. DATE Mor	nth Day	Year
Type or print)			DEATH	12	19 61
5. SEX 6. COLOR OR RACE 7 MAR	A STATE OF THE STA	Bacher DATE OF BIRTH	9. AGE (In yea	PONDER 1 YEAR	IF UNDER 24 HRS.
J. SER J. MAR	KIED A TALVER MARKIED	. 57(10 07 5)(7)	last birthday		Hours Min.
Male White WIDO		6/20/81	79 yrs.		
10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co.	unty & State, or foreign countr	y) 12. CITIZEN O	F WHAT COUNTRY?
	C-1	Iowa			
Retired Insu	rance Salesman	14. MOTHER'S MAIDE	N NAME	U.	S.A.
Philip Bacher			Hickok		
	16. SOCIAL SECURITY NO. 17. I	NFORMANT	Addn	ess	1000
(Yes, no, or unkown) (If yes give war or dates of service)					
No	333-14-9120 Hi.	lda Bacher(v	wifw) same	as above	
18. CAUSE OF DEATH [Enter only one couse p	er line for (a), (b), and (c).]				TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Parentin 6	BI	· · · · · ·	Or Or	22 OF
IMMEDIATE CAUSE (a)	engenese pe	serro y	acut		
420.0 DUE TO	2 4 . 0	- 60) _0 ,		工
Conditions, if any, which \ (b)	illus de	work che	and clive	one 16	gears
geve rise to immediate cause					/
(a), staring the underlying				West Control	
10/	ONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE TERM	AINAL DISEASE CONDITION C	SIVEN IN PART 1(a) I	19. WAS AUTOPSY
O PART II. OTHER SIGNIFICANT CONDITIONS	ON INDUING TO BEATING THE	THE TENN	III WE DIDENCE CONDITIONS		PERFORMED?
IA)					YES NO
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury i	in Part I or Part II of item 18.)		
OR CONTRIBUTING CAUSE OF DEATH					
	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fa	arm, ' 20f. (City or town)	(County)	(State)
0 200		tory, street, office bldg., e			
p.m. 19 at	work at work				
21. I certify that (I) (this hospital) at	tended the deceased from	Felo	196/ 10 June	12 19.6/	that (I) (we) las
1			S.A.M. from the cause		
saw the deceased alive on		death occured ais		and on the d	22b. DATE
22a. SIGNATURE	11	ATTENDING	MED STAFF _	_ 1	SIGNE
M. Dourlesch	Hunles AM	D. PHYS.	DIRECTOR PHYS.	- Ju	012,19
22c. PHYSICIAN'S		22d. ADDRESS		(/	
NAME (Type)	77	TO TOVINGO		1	
G. Bowditch	Hunter 23c. NAME OF CEMETERY	OR CREMATORY	23d, LOCATION (City,	town or county)	(State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23C. NAME OF CEMETERY	OK CKEMATOKI			
Cremation 6/14/61	Fort Lincoln	Creamtory	Prince Geor		
24 FUNERAL DIRECTOR'S SIGNATURE INC.	8434 Georgia A	25e. R	REC'D BY REGISTRAR 25b.		
Karmond a. Elska.	Silver Spring.	Md DATEL	IN 19'61 a	Miner S. Krau	A
pully 1 week co. 1000 WY.		- indi			

Pethoday Podville Podville dat half and and and 200 Linuil St. Frederick A Colored thine with be . . Jenny Richard w #33-14-9120 Hitto Hanner(vill) state to above Consider Light Contraction 1 months C. Technology Contraction of the Comment will the the second Jac 12, 1869 C. Royal teb Hunter Description of the contract of the latter of the contract of t

Language of the state of the st

e. IS RESIDENCE

Haurs

INTERVAL BETWEEN AND DEATH

WAS AUTOPSY

(State)

PERFORMED? YES NO

(State)

Days

(County)

Circhar S. Thrus

ON A FARM?

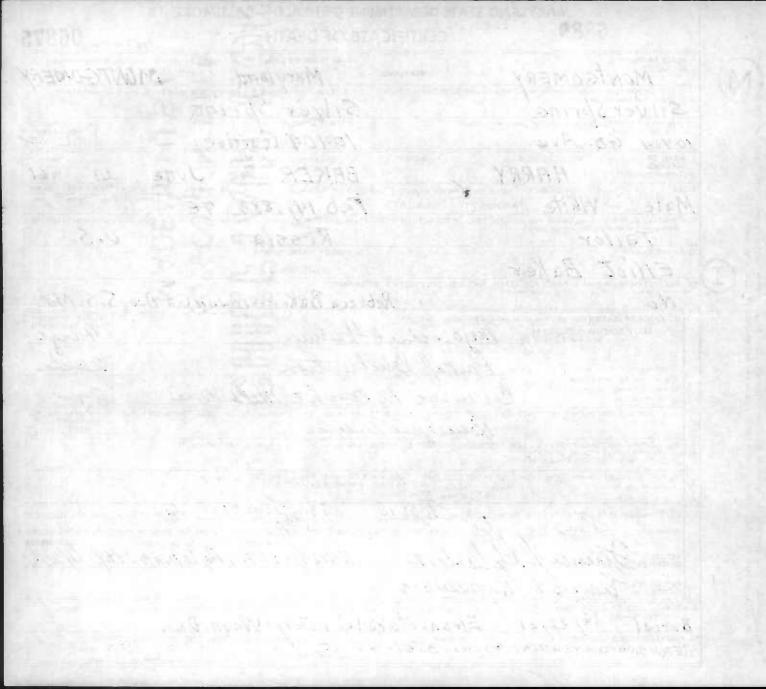
YES NO IN

Year

196/

FUNERAL DIRECT may 0 VS A15 (4)

poge REMOYAL (Specify) he 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEJUN 2 3 '61 15M 9/58



death. Page 4. Instanced by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any eyest, within 72 hours after death. uted within 2 TENDING PHYSICIAN: The law requires that the death certificate be

2

TO HOSPITAL death, Page 4

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH OCOMO

0030				UDX/b
a. COUNTY Montgomery	MARYLAND		yland b. COUNTY Mo	Residence before edmission) ntgomery
b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16		If outside corporete limits, write RURAL an Echo	d give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in)	hospitel, give street eddress)	d. STREET ADDRESS		e. 15 RESIDENCE
Suburban Hospital		12 Pri	nceton St.	YES NO K
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Typa or print) MARY	JANE	BAKER	DEATH June 1	5, 19 61
5. SEX Female 6. COLOR OR RACE 7. MARI	THE VER MARKIED	Nov. 21, 1	918 9. AGE (In yeers lest birthdey) 18 42 42 42 42 43 44 45 45 45 45 45 45	YEAR IF UNDER 24 HRS. Day Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or foreign country) 12. CIT	TIZEN OF WHAT COUNTRY
School Teacher	Teaching	Penna.	U	. S. A.
13. FATHER'S NAME	1000	14. MOTHER'S MAIDEN	NAME	
Oscar H. Stitt		Sarah :	Drury	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. 1		band Address	
	VAC	bert J. Ba		Item #2
18. CAUSE OF DEATH [Enter only one couse pe	er line for (a), (b), end (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	UREMI	A		ONSET AND DEATH
Conditions, if eny, which (b)	Chronic G.	Longrulo	Necheitis	15URS
011111	7,07	0//(0/(0000	9-11-11	
(a), stating the underlying DUE TO				
(c)	ONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMI	NAI DISEASE CONDITION GIVEN IN BAR	T 1(e) 19. WAS AUTOPSY
TAKT II. OTHER SIGNIFICANT CONDITIONS CO	ONING TO BEATH BUT NO	T RECATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTINUES OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Part I or Pert II of item 18.)	
Hour a.m. Wh		CE OF INJURY (Home, ferr ory, street, office bldg., etc		unty) (Stete)
21. I certify that (I) (this hospital) atters saw the deceased alive on	ended the deceased from 19.65, and that	death occured at	19.65 to VKM. 15, 19	the date stated above
Squitt & Se	fauter "		MED. STAFF 6	-15-61 DATE SIGNED
22c. PHYSICIAN'S NAME (Type) DeWITT E.	DELAWTER	22d. ADDRESS 38 48 Po	rter St., N.W.,W	ashington,
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town or count	
Burial 6/19/61	Arlington N		Arlington, Vi	
Robert A. Pumphrey	Bethesda, Mar		JUN 1 9 '61 25b. REGISTRAR'S	

10000 . 22 Total and St. Submirthen Heavy that Agricultural Communication of the Communication of Sa. T. Ital . Ita . volt . acnas Ocear H. Stitt headard - more Your notes to be the batter IRALERO Park TT E DE Com Mes 2843 Forter at., a. S. S. Santanan Burgal o'le's Artington Mat. Com. httlington, Mirchard Robert A. Pumchrcy Belnesds, Mayland Mayland

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY director. Page a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if oulside o c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown) write RURAL and give nearest lown for Boar d. NAME OF HOSPITAL OR ISTITUTION (if not in hospitel, give street address) d. STREET ADDRE State 3. NAME OF Middle the DECEASED OF with the (Typa or print) DEATH 5. COLOR OR RACE 7. MARRIED NEVER MARRIED In yeers | IF UNDER 1 YEAR 8. DATE OF BIRTH 9. and 3 may rthdey) Months N WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page depe during most of working life, even if retired) in Item 18. Give Pages 1, pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMA ASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. permit. (Yes, no, or unkown) | (If yes give war or dates of service) Office along with any 1B. CAUSE OF DEATH [Enter only one cause per line for (e) (b), and (c), .5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) in pencil **DUE TO** certificate should Conditions, if eny, (b) geve rise to immediate cause (0) DUE TO (a), stating the underlying cause lest. used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION icate, writing the word Medical pinous Crer 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief WEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) age factory, street, office bldg., atc.) 0 While Not While Hour a.m. to the et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry agent, DIRECT forwarded death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ease execute the designated ACTUAL ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22d. LOCATION/City, town, or country Q40 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

e. IS RESIDENCE ON A FARM?

YES NO

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

QNSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

(Slete)

Days

(County)

JUN 2 6 '61

W-S C

5M 7/59

There was the way of the said The state of the s TO ELECTION AND ADMINISTRATION OF THE PERSON The second second second to the second secon

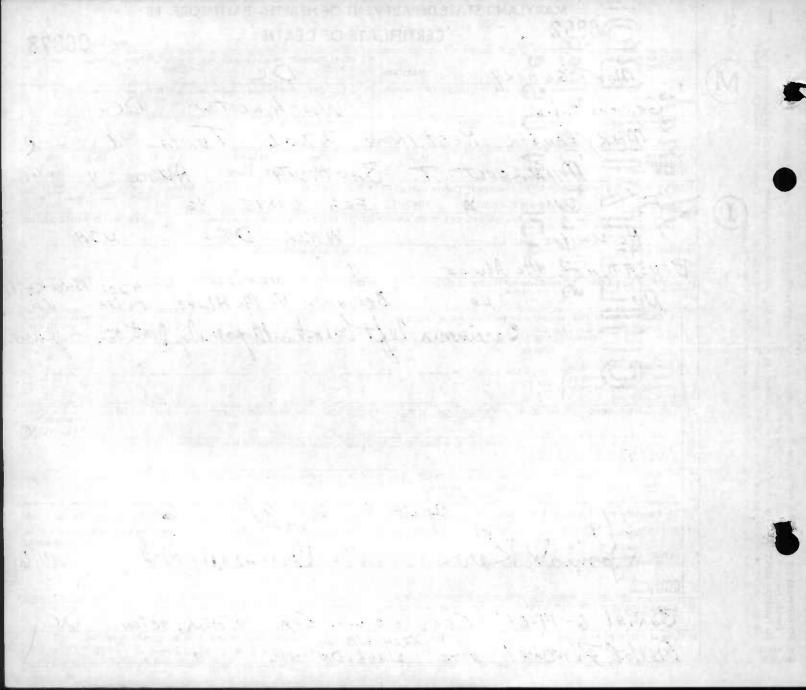
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6892

CERTIFICATE OF DEATH

Reg. Dist. No. 0687		Reg.	Dist.	No.	6	8	7	5
---------------------	--	------	-------	-----	---	---	---	---

1. PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURA mond give neorest town) MARYLAND C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR I	d. STREET ADDRESS 2306 TOWLAND Rd e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO R
3. NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print)	BAPTISTA 4. DATE Month Day Year OF DEATH Aune 11 1961
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH FE 6 3 1875 9. AGE Wyears IF UNDER 1 YEAR IF UNDER 24 HRS I
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: WAS L. D.S. USA
13. FATHER'S NAME RENIAMIN 7 Mc ALWES	14. MOTHER'S MAIDEN NAME
(Yes no or unknown) . (If was give war or dates of service)	ENJAMIN V. McALWEE McLEAN VA
Conditions, if any, which gave rise to immediate couse (a), stoting the <u>under-lying couse last.</u> (c) DUE TO (c) DUE TO	1 Case with fire day of massing sym
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 20d. INJURY OCCURRED factors work of work of work	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State
21. I certify that I attended the deceased from alive an alive an alive an actual signature and that death Physician's NAME (Type)	n accurred at SSUPM, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED M.D.
22d. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY STONAL CEM. 22d. LOCATION (City, town, or county) WASK, NETON D.C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 2724 ADDRESS 2724	Wits Ave 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Orthon S. First

VS A1S (4) 1SM 9/S8



completely filled in by the funeral on papers. Pages I and 2 should papers. Pages I a uted within 24 carbon death. Page 4 retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbo be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event,

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

6893 CERTIFICAT	E OF DEATH	06879
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residen	
Montgomery MARYLAND	a. STATMaryland b. COUNTY Montgo	mery
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1	b c. CITY OR TOWN (If outside corporate limits, write RURAL end giv	e neerest town)
Write RURAL and give nearest town) Bethesda 5 days	Bethesda	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Suburban Hospital	4819 Rugby Avenue	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month De	y Yeer
(Type or print) John Franklin	Barnes DEATH June 30	19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
Male White WIDOWED DIVORCED	March 27, 1884 The pirthdey) Months Days	Hours Min.
	JSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
done during most of working life, even if retired) Retired	District of Columbia U	J.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Charles Barnes	Rosa Queen	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT Address 9608 Pa	ge Avenue
(Yas, no, or unkown) (Ifyesgiva warordates of service)	Son - Myer H. Barnes Bethesdam Mary	land
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	anoveron o	S C 2
331Y DUE TO - 1		, 7
Conditions, if any, which) (b) Lytvano	solval almorrhzad	10 dec
geve rise to immediate cause		1
(a), steting the underlying couse lest. (c)		
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NIA.		PERFORMED?
	IRED. (Enter neture of injury in Part I or Part II of item 18.)	7
OR CONTRIBUTING ☐ CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County)	(Stete)
Hour a.m. Pom. 19 at work at work	factory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased fro	25 196/ to June 30 1961	that (I) (we) las
	hat death occured at from the causes and on the	
22a. SIGNATURE		22b. DATE
N. Thoy are	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
22. PHYSICIAN'S NAME (Type) IF TIAM TOTOR IN D	22d. ADDRESS 8106 Maple Ridge Rd.	
	Bethesds 14 Md.	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23d. NAME OF CEMETER		(tate)
Miris 1/2/6/ Venus	sof com. Washington	1 NC
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 51	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN	ATURE
Cherry Chase June & Homeon	DATEUL 3 '61 Conthur S. Kin	no .

25336 Montage Transfer Sailled on Heart hell 1-1 Hannay - Leader Bear II. I want - ay

MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 80 **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH 6894

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesad lived, If institution: Residence before admission)
Montgomery Maryland	°Virginia b. COUNTY
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)
Bethesda (Rural) 21 days	Springfield
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS
U. S. Naval Hospital	5504 Damascus Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF
(Type or print) Betty Baker	BARTLETT DEATH June 14 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
Female Caucasian WIDOWED DIVORCED	11-24-17 (ast birthdey) Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Housewife	West Virginia USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Norman Hempstead BAKER	Genevieve CAMPBELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive weror detes of service) NO (H)	James V. Bartlett, same as #2 above
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Carcinoma, breast,	, with metastasis 3 yrs.
DUE TO	
Conditions, if eny, which (b)	
geve rise to immediate causa (e), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
OIL MANUEL MANUE	PERFORMED? YES NO T
2DB. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour a.m. While Not While st work	lory, street, office bldg., etc.)
p.m. 19 of work	May 24 1961, to June 14 19 61 that (0) (we) las
21. I certify that X) (this hospital) attended the deceased from.	6: 30AM 10
saw the deceased alive on June 14 19.61, and that	death occured at
220. STENATURE	ATTENDING MED. STAFF 22b. DATE
James Hay Kamp An 1/5/14	D. PHYS. DIRECTOR PHYS. X 6-14-61.
22c. PHYSICIAN'S	22d. ADDRESS
MAME (Type) James J. RYSKAMP, JR., LIT, MC, US	N U. S. Naval Hospital, Bethesda, Md.
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 6-16-61 Arlington No.	ational Arlington Virginia
24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
R. A. Pumphrey Funeral Home, Bethesda, Mo	1. DATE JUN 16'61 Cirthur S. Kraus
It. A. Fullphie, Fulletat Home, Dechesua, M.	L. TONIL BUILT O COOPER A. TONIL

TO HOSPITAL retained by the hospital or attending physician.

To Hospital Age 4 retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event-within 72 hours after death.

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BARTELINE CURE

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18-41-81 BELLER

JOHN J. BIRREY, JR., HIPPS, JR. H. S. WAYL HOULL BY TE MICH. Ph.

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E. M. Bumphruy Fundral Hoke, Botherda, Mr.

Temale Colemann

STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 þ .= filled i IS RESIDENCE ON A FARM YES NO completely DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS 9. AGE (In years | IF UNDER 1 YEAR last birthday) Deys Months Hours WIDOWED A DIVORCED 20 physician 12. CITIZEN OF WHAT COUNTRY 13. FATHER'S NAME please attending 1 Then please Elesia Sowers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyes give war or dates of service removal the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which gave rise to immediate cause (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT certificate PERFORMED? as oronary prior 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While at work at work DIRECTOR 21. I certify that (I) (this hospital) attended the deceased from (to -) UME (0, 19.6/, that (1) (we) last saw the deceased affive on. 22b. DATE 22a. SIGNATUR ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 to O FUNERAL 1 PHYSICIAN'S 22d. ADDRESS director, p 23e. BURIAL, CREMATION, 298. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OI 6/9/61 Fort Lincoln Cemetery Princes George's County Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey VR A15 (4) arthur S. Thous '61 15M 9/60 JUN 9 Laymond DATE Silver Spring, Maryland

18330 In how ston DO. History and the My 15 7 8 883 Level of the distance of the second Percent of the second Sall April 10 pushed algorithm Burgest dead water Corner of when the Harris munitation of the state of the Cor convey buttons selections MINE YE BUILDING manufactures are consultation and emissa in the state of the control o Silver Deckey Maryland

AND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Whare decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY by the MARYLAND outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if purside corporate limits. c. LENGTH OF STAY IN 16 þ write RURAL and give nearest town) akoma , c . Pages filled i e. IS RESIDENCE ON A FARM? YES NO completely papers. NAME OF DATE Month Day Year DECEASED OF DEATH (Type or print) carbon AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5. SEX 9. 6. COLOR OR RACE 7. MARRIED and ast birthday) Months Days Hours WIDOWED physician 10b. KIND OF BUSINESS OR INDUSTR 12. CHUZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) remove during most of working life, even if retired) FATHER'S NAM 14. MOTHER'S MAIDEN NAME please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. (Yes, no, or unkown) | (Ifyesgive war or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediata cause DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION PERFORMED? certificat NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Stata) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from June 1964, that (I) (we) last Of, and that death occured at 4.2.M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE 220. SIGNATURE ATTENDING SIGNED STAFF PHYS. DIRECTOR PHYS. M.D. HOSPITAL leath. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S lesville Rd. Silver Spring NAME (Type) 23d, LOCATION (City, town or coun (State) NAME OF CEMETERY CREMATORY 23a. BURIAL, CREMATION, REMOVAL (Specify) 0 REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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funeral rs after TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be cuted within 2.7 death. Page 4 retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages of an effect with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

ERTIFICATE OF DEATH

				110000					
	1. PLACE OF DEATH e. COUNTY		ICE (Where deceased lived, If						
	MONTGOMERY MARYLAND	a. STATE MARS	LAND b. COUR	MONTGOMERY .					
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b	RURAL and give neerest town)							
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	The state of the s	. IS RESIDENCE					
	1601 MYRTLE ROAD	1601 MYRTLE ROAD							
	3. NAME OF DECEASED (Type or print) HESTER JENNIE BECKER	Last	4. DATE Month OF DEATH JUNE	Dey Yeer 24 19 61					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.					
	FEMALE WHITE WIDOWED DIVORCED	11/29/1877	83 birthdey) yrs.	Months Deys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TY 11. BIRTHPLACE (Cou	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	HIGH SCHOOL TEACHER. retired TEACHING	CARLISLE,	NEW YORK	U.S.A.					
7	13. FATHER'S NAME	14. MOTHER'S MAIDEN							
	DANIEL HUTTON	FELECIA FO	RBES						
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no, or unknown) (Ifyesgive were rates of service) 076 03 5268	INFORMANT	Address	MD.					
	NO NOT-LOCATED MR	S.PAUL H.ROB	BONS, 1601 MYRT	LE RD., SILVER SPRIN					
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY A DONSET AND/DEATH ONSET AND/DEATH								
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) acute antero-latery coroner cuteur 48hr.								
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	Conditions, if any, which governing (b) occlusion with myocardial infuelion								
	(a), steting the underlying DUE TO	1/-							
	cousa last. (c) and congestion	e faixure							
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		CE OF INJURY (Home, far ory, streat, office bldg., etc		(County) (State)					
	p.m. 19 at work et work								
9	21. I certify that (I) (this hospital) attended the deceased from Jan 1961, to 24 June, 1961, that (I) (1) last								
	saw the deceased alive of 34 July 9 1961 and that	death occured at	M, from the causes						
,	22a. SENATURE		MED STAFF	22b. DATE SIGNED					
			DIRECTOR PHYS.	JUNE 24,1961					
	NAME (Type) ERNEST E. HARMON	930/ Co	lesulle RUS.	Toer Spring Mad					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stata)					
	BURIAL 6/27/1961 CARLISLE CEME	TERY	CARLISLE, NE	W YORK					
	24 FUNERAL DIRECTOR'S SIGNATURELY INC. SILVER SPRING.	MD . 25e. RE	C'D BY REGISTRAR 256. REC	GISTRAR'S SIGNATURE					
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		THE STATE OF THE S	27'61 at	- 100 mar					

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DIVISION OF STATISTICAL RESEARCH ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decassed lived, If institution: Residence before admission) a. COUNTY MARYLAND the d b, CITY OR TOWN (if outside comorata limits, write RUM), and give namest town? c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) in by filled INSTITUTION (if not in hospital, give street address) IS RESIDENC ON A FARM? YES NO npletely NAME OF DATE DECEASED OF DEATH (Typa or print) 19 5. SEX 6. COLOR OR AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) and Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work physician remove 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) please .⊑ aftending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? IN. SOCIAL SECURITY NO. Then (Yas, no, or unkown) | (Ifyasgivewarordatesofsarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). WITERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUF TO Conditions, if eny, which (b) gave risa to immadiata causa DUF TO (a), stating the undarlying causa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 0 CERTIFICATION PEREORMED? NO T. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaer Not Whila factory, streat, office bldg., etc.) Whila Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from Miles 19.5.5 to. Kine // 19.6/., and that death occurred at J.M. from the causes and on the date stated above saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4 M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, I 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 10 Removal Park Cemetery Memoria 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) The S. H. Hines Co. Washington, D. C. 15M 9/60 DATEUN 1 3 '61 Circhary S. Through

Homovel 6/10/61 Memoria, Perk Guretory Rickin, Tilicis Alpe E. H. Mann Co. Marbineton Man . oc. comp. h . april

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	-	CERTIFICATE OF DEATH Reg. Dist. No. 0 6885
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executed and comp n paper deoth.		10a USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caughty) 12. CITIZEN OF WHAT COUNTRY? For User Reference of the country
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Moy be runer be page 3 sh		22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (Gity, town, or county) (State)
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TO HOSPITAL STEENDING PHYSICIAM: The law requires that the death certificate be retained by the hospital or attending physician.

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Complete this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please percentance carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and if any event, within 72 hours after death. 05 LIENDING PHYSICIAN: The law requires that the death certificate be

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEAT	Н			ICE (Whara deceased lived		sidence before admission)
		MARYLANI	a. STATE		OUNTY	
b. CITY OR TOWN write RURAL en	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 1	TEYES	(If outside corporete limits,	ces write RURAL end g	give neerest town)
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d. NAME OF HOSP	TAL OR INSTITUTION (if	not in hospitel, give street eddress)	d. STREET ADDRESS	11001		e. IS RESIDENCE ON A FARM?
	al Hospital		241 Milit			YES NO X
3. NAME OF DECEASED	First	Middle	Last	OF M	lonth	Dey Year
(Type or print)	Byron	Emory	BOWLING	DEATH Ju	ne 2	3 19 61
5. SEX	6. COLOR OR RACE 7	. MARRIED NEVER MARRIED	B. DATE OF BIRTH		Bers IF UNDER 1 YE	
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13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
Donald E. H	BOWLING		Lena Boyl			
(Yes, no. or unkown)	VER IN U.S. ARMED FORCI	ES? 16. SOCIAL SECURITY NO. 17	7. INFORMANT	Add	dress	
No			(F) Donald E.	POUTTMC Som	e as # 2	ahorro
	DEATH [Entar only one co	euse per line for (e), (b), end (c).]	(F) Donata B.	DOMITTING DOTTE	- as # E	Above INTERVAL BETWEEN
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E 200 ACCIDENT V	VAS UNDERLYING [] 1	206. DESCRIBE HOW INJURY OCCU	DED (Enter nature of Injury In	Part I or Part II of Star 19)		This Pa HO L
OR CONTRIBUTING	CAUSE OF DEATH	208. DESCRIBE HOW INJURY OCCU	KED. (Emer netura of injury in	ren i or ran ii or nem sp.,		
20c. TIME OF INJ	URY Month, Day, Year		PLACE OF INJURY (Home, fer		(County	y) (State)
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	ised alive on	une 1961 , and f	nar dearn occured ar	3 NEWTON THE Caus	es and on the	22b. DATE
22e. SIGNATURE	13/Has	e.	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	6.	-24-61
22c. PHYSICIAN'S			22d. ADDRESS			
NAME (Type	B.H. RICE L	r, MC, USN	II C Novo	1 Hospital 1	Dothood-	
	TION. 23b. DATE THERE		RY OR CREMATORY	1 Hospital. 1	, town or county)	Maryland (State)
Buriel -St	ipment 6-25	-61 Woodlawn		Bluefield, V	West Virg	rinia
24 FUNERAL DIECTO	R'S SIGNATURE	// ADDRESS	25e. RE	C'D BY REGISTRAR 256.		
Threen Wheel	er Funeral H		gomery Ave.	IIN 2 7 '61	arthur S. +	Trace
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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6902 CERTIFICATE OF DEATH
06888

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission)
a. COUNTY Montgomery Maryland	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
write RURAL and give neerest town)	
Bethesda	Rockville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Suburban Hospital	500 W. Montgomery Ave. YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
(Type or print) Josephine B.	Brooks DEATH June 12, 1961
good op time to	. DATE OF SIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED A DIVORCED	May 6. 1880 last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
done during most of working lifa, evan if retired)	Connecticut USA
None	14. MOTHER'S MAIDEN NAME
IS. PAIRER'S NAME	
George H. Day	Katharine Beach
IV	INFORMANT Address Alexandria, Va
No None Ma	artin Bennett-Son-3201 Burgundy Road
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL SETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	al milacetime ? 1. selv
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PART II. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
PART II. OTHER IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? YES NO 1
	D. (Enter neture of injury in Pert I or Pert II of item 18.)
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW IMJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH UP THE EITHER, NOTIFY MEDICAL EXAMINER	
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
Hour e.m. While Not While fact	tory, street, office bldg., etc.)
	01 FO V 10 61
21. I certify that (I) (The Nospilal) attended the deceased from	
	death occured at
22e. SIGNATURE	ATTENDING MED. STAFF . SIGNED
Morre suace M	A.D. PHYS. DIRECTOR PHYS. D
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) George Sharpe	10511 Sumit Ave. Kensington, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
DEMOVAL (Specific)	Crematory Suitland, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE
Robert A. Pumphrey Bethesda, Mary	
The state of the s	DATE JUNE 4

Seorge H. Day

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Alexandria, Was Party vincertal 1000-nos-stenses election

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10511 Sumit Ave . Kennangeon, Md.

Mobert A. Fumphrey Bothenda, Maryland persons Total rela-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	0000		SERTIFIC	AIE OF DEAI			00	303
1. PLACE OF DEATH o. COUNTY Montgon	ery		MARYLAN	2. USUAL RESIDENCE o. STATE	Where deceased lived	d. If institution b. COUNTY	: Residence before a	dmission)
b. CITY OR TOWN RURAL ond give			th of stay in t	c. CITY OR TOWN	If outside corporate I	imits, write RUS	RAL and give nearest	town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	give street address)		d. STREET ADDRESS R. D.	**	75	X- (RESIDENCE ON A FARM? S NO
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE OF	Manth	Day	Year
(Type or print)	RA	Y	HENRY	BRYAN	DEATH	June	9,	19 6
s. sex	6. COLOR OR RACE White	7. MARRIED NI	EVER MARRIED [25, 1913 l		Months Doys H	JNDER 24 HR
	rking life, even if retired			NDUSTRY 11. BIRTHPLACE (SE	ote ar foreign country ylvania	')	12. CITIZEN OF WE	IAT COUNTRY
3. FATHER'S NAME	vlor			14. MOTHER'S MAIDE Pearl Bry				
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s			The Clinical C	Medical Re		and the second second	and
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Carebr	(b), and (c).]	rrhage			onser 16	ND DEATH NOURS
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TO HOSPITAL OF TITINDING PHYSICIAN: The low requires that the death certificate be executed in 24 haurs after of the may be retained hospital or attending physician.

TO FUNERAL DIRECTOR: "After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

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AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S LTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) director. Page or your files. COUNTY Frince STATE Montgomery
b. CITY OR TOWN (if outside torporate limits, MARYLAND aWI uconge c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporele limits, write RURAL and give nearest lown write RURAL and give nearest town) akoma tark S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress) िर . IS RESIDENCE ON A FARM? retained he State Sanitarium and Hospital 220 YES NO NAME OF DATE DECEASED (Typa or print) DEATH 19 6 2 with 6. COLOR OP RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5 m. 2 m. 2 hours last birthday) Months Deys Hours Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, evan if retirad) Pages Housewife PM3. Pa pages 1 13. FATHER'S NAME Roger Crowley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT form P permit. anitarium + Hospi with 1B. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN fransit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Rudde IMMEDIATE CAUSE (a) Office DUE TO burial Conditions, if any, which (b) gave rise to immediata cause 63 pending DUE TO Examiner's (a), stating the underlying 88 certificate cause lest. used ion, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1/81/19. WAS AUTOPSY writing the word "e Chief Medical Ex Page 3 should be ur to burial, crematic PERFORMED? NO A 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Pert I or Pert II of item 1B.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) ficate, vo the Charles fectory, street, office bldg., atc.) While Not While Hour e.m. et work et work please execute the carificate, v t should be forwarded to the S FUNERAL DIRECTOR: P r its designated agent, prior prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry & and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S *Ch2ht NAME (Typa) Address (Street, city, town, or county) 220. BURIAL, CREMATION, 226. 220, NAME OF CEMETERY OR CREMATORA 22d. LOCATION (City, town, or country) (Steta) REMOVAL (Specify) Q40 p OH FUNERAL DIRECTOR REC'D BY REGISTRIAR ! 24b. REGISTRAR'S SIGNATURE VS. A15ME Cirilian S. Kraus 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEA** CERTIFICATE OF DEATH 6905 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) COUNTY in by the stand 2 s Montgomery b. CITY OR TOWN (if outside corporete limits, MARYLAND taomer c. LENGTH OF STAY IN 16 OR TOWN (If outside corporete limits, write RURAL and pive neerest town) write RURAL and give nearest town) lakoma affer Tark Korna Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give hours Washington elmo arbon papers. completely 3. NAME OF DECEASED OF DEATH (Typa or print) carbon AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF 5. SEX last birthdey) and Female WIDOWED DIVORCED T event physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove dana during most of working lifa, even if ratired) Housewis 13. FATHER'S NAME please ding lizabe 15. WAS DECEASED EVER IN U.S. ARM D FORCES? affen 16. SOCIAL SECURITY NO. Then (Yes, no, or unkown) | (If yes give wer or dates of service) None Janitarium and Hospital Keeords the g physician. signed by th 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aftending been geve rise to immediate cause DUE TO (a), steting the underlying has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS CON SE O 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part 1 or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While at work et work p.m TOR 21. I certify that (I) (this positial) attended the deceased from... saw the deceased alive on... 22a. SIGNATUR PHYS. DIRECTOR PHYS. O HOSPITAL death. Page director, page to be filed with the 22c. PHYSICIAN'S NAME (Typa) M. D. 7006 N. Hamp, Ave. Takoma Park, Md. Ernest A. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 7/3/1961 Cedar Hill Cemetery Prince Georges Maryland Buria 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circher S. Trans Robert A. Pumphrey Bethesda, Maryland DATEJUL 3 15M 9/60

AARYLAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE

ON A FARM?

YES NO W

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IF UNDER 24 HRS.

Hours

ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(Stata)

22b. DATE

SIGNED

Principle William Principality M) Mostgoway as a market Jakoma Park - 21 days Takoma Park Washington Santanium to be that IS & Training I have Jessle Mee Campbell To June See ver January 19,1871 76 3 11 Formale Contract Housewife To The Hart of Columbia U.S. A. Elizabeth Bowler Nebert Campbell Weshington Familianum and Hagital French NO AND AND plepperson Heat deams to see the first and the first 学的文化(100mg) 100mg | Ernost A. sarao M. H. T. 7000 M. Hemp. Ave. Tokoma Park, 500. Burial 7/3/1961 Cedar Hill Cemetery Prince Georges Maryland Robert A. Rumphrey Bethesda, waryland yw 35 F

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COD OTITA	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FUK STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06892
HEALIH DEPI.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY
Ssary, Page iles.	IVIONT GOMERY, MARYLAND IVIARYLAND IVIONTGOMORY
	b. CITY OR TOWN (if outside corporate limits, c. LINGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, weite RURAL and give nearest fown)
is rieces your doft	Takomy lark Willy, 27 - Tiver Spring
for for	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS ON A FARM?
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	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
nd 3 may with	WIDOWED DIVORCED 1-13-92 (ast birthdey) Months Days Hours Min.
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24 hour ve Pages PM3. Pe pages 1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAVE
= = 0/+T	Thomas Edward Carson Tirzah L. Donaldson
- · · · /	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, INFOR
lted will the with to permit.	The state of the s
0 E D = E	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MITTER TO THE PER ACCUSTORS OF THE STATE OF
alon-trans	MULTIPLE FRACTURES OF THE SKULL minutes
ould by in period ould burial burial	Conditions, if any, which to (b) MYOCARDIAL INFARCTION WITH CARDIAC ENLARGEMENT AND days
should be by	gava rise to immediate cause CONCESTIVE FATLIBE
afe iner'iner'or r	(a), stating the underlying Causa last. (c) MARKEDLY SEVERE CORONARY ARTERIOSLOEROISIS years
"per Kam Use On,	
s cel	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(a) 19. WAS AUTOPSY PERFORMED? YES NO 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING Was leaving house to water flowers, when he fell cause of pearth.
the wedical should should al, crea	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Was leaving house to water flowers, when he fell
MER: of the 3 sh urial,	TOMI Preps
Chie	20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 10a, PLACE OF INJURY (Home, ferm, 20f, (City or town) (County) (State) factory, streat, office bldg., etc.) Silver Spring Monte Md
K 5 00 - /5	7:30 p.m. 6-13-61 at work at work x home Silver Spring Montg Md
1500 g	21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion
BECC agent,	death resulted from: Natural causes, Accident X, Suicide, Homicide, Undetermined manner
2 > H	ACTUAL 4- 1 0 2 4 ASSISTANT MEDICAL EXAMINER TO DETE SEGNED
र के न म	ACTUAL ACSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER
PUTY execute it uid be forw NERAL D designated	NAME (Type) FLANK J. Broschet Address (Street, city, town, or county)
DEPUTY ease execute should be for PUNERAL its designate	22a. 8URIAL, CARMATION 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State)
0 2 4 0 9	burial 6/16/61 Arlington Nat Cemetery Arlington Vinginia
VS. A15ME	23. FUNERAL DIRECTOR ADDRESS Wash D. C. 248. REGISTRAR Z46. REGISTRAR'S SIGNATURE
5M 7/59	The S.H. Hines Co., 2901 14th St.N.W. DATE CILLIN & Thomas

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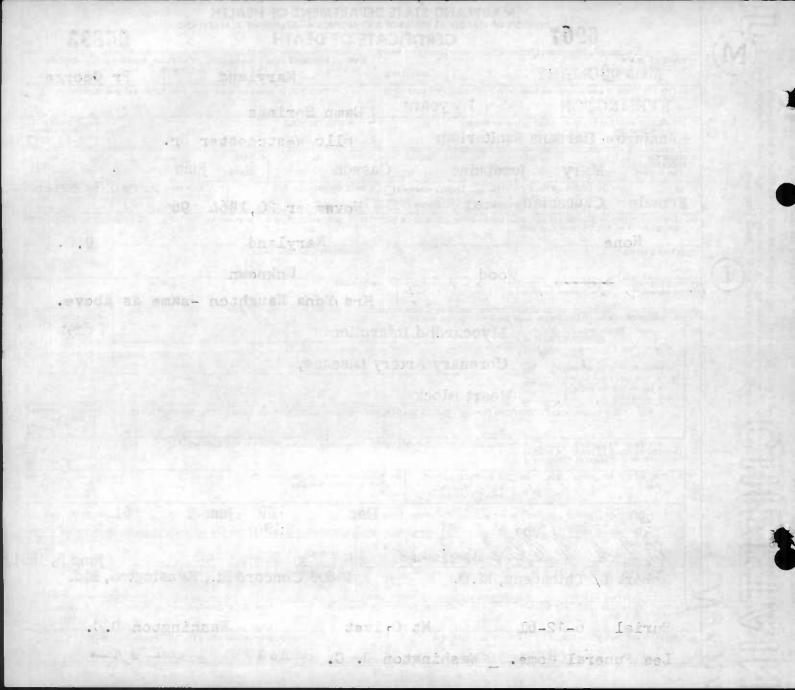
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9303		CERTIFIC	CATE	OF DEATH	1		0(6893	
PLACE OF DEATH	TBOMERY		MARYLA		USUAL RESIDENCE (Mo. STATE	here deceased liveryland	b. COUNTY	n: Residence		
KENS	N (If outside corporate li		L ¹ / ₂ years		c. city or town (if		: limits, write RL	JRAL and giv	ve nearest to	vn)
d. NAME OF HO OR INSTITUTION Kensingt	SPITAL (If not in hospitol, ON Bardens	s Sani	tarium		d. STREET ADDRESS		er Dr.		ON	A FARM?
NAME OF DECEASED (Type or print)	Mary	Josep	ohine Middle	Cass	Son Last	4. DATE OF DEATH	June	6	3 Day	19 ⁶¹
Female	Caucasia	n widowi			lovember	20,1864	AGE (In years lost birthdoy) 90°rs.	-	YEAR IF UNI Doys Hour	DER 24 HF
during most of No. FATHER'S NAME	working life, even if retire	k done 10b.	KIND OF BUSINESS OR		11. BIRTHPLACE (Stote	e or foreign count	lry)	12. CITIZI	EN OF WHAT	COUNTR
	EVER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INFOR	Un	known	Addr		above	
Conditions, i gove rise to couse (o), stoti lying couse lo	ing the <u>under-</u>	(b) Co	art Block			WINAL DISEASE CO	ONDITION GIV	EN IN PART	1(o) 19. WAS	SAUTOPS
20a. ACCIDENT	WAS UNDERLYING ING CAUSE OF DEAT	20b. DES	CRIBE HOW INJURY OCC		Harry Car		1.59		PERF	ORMED?
20c. TIME OF IN Hour of	m.	While	Not while		OF INJURY (Home, for street, office bldg., e		town)	(Co	ounty)	(Stol
sow the dec	eased olive an Iu		led the deceosed fr			59 . to Jur 104, Prom the				d abav
22c PHYSICIAN	wh I &	but	gelean	M.D.			STAFF PHYS.		June	8, 19
Hober	T/ Thibac			TRY OR TO	10609°Cor					
REMOVAL (Spec	1 6-12-1	61	23c. NAME OF CEMETE	Dive	t	Wa	Shingi	-). C.	ofe)
	uneral Hor	ne.	Washingto	on D.		N 13 '61		Lun S. K		

TO FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, crematian, or removal, and in any event, within 72 hours after death. naspital ar ottending physician.

GENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL O VR A1S (4) 1SM 9/59



6908 CERTIFICATE OF DEATH 1 PLACE OF DEATH o. COUNTY Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL ond give neorest town) 13 Days Bethesda d. NAME OF HOSPITAL (If nat in hospital, give street oddress) The Clinical Center. Bethesda 14. Md. NAME OF DECEASED Melanie Gave (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Female White WIDOWED T DIVORCED T 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most af warking life, even if retired) None

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Charles c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Indian Head d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 110 Circle Avenue YES TO NO 4. DATE Manth Year Day Cather June 10, DEATH 61 19

IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost_birthday) Manths Doys Hours August 12, 1955 12. CITIZEN OF WHAT COUNTRY?

Maryland

14. MOTHER'S MAIDEN NAME

U.S.A.

ONSET AND DEATH

4 Days

1 Year

SIGNED

13. FATHER'S NAME

Joseph Cather

Patricia Sutherland

17. INFORMANT The Medical Records Address WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes. NO unknown) None The Clinical Center, Bethesda 14, Maryland 18. CAUSE OF DEATH [Enter anly one cause per line far (o), (b), and (c).] INTERVAL BETWEEN

PART I. DEATH WAS CAUSED BY: Gastrointestinal Hemorrhage DUE TO Acute Lymphatic Leukemia Canditions, if ony, which gave rise to immediate DUE TO cause (a), stoting the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.)

20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year Hour a.m Not while at wark at work

factory, street, office bldg., etc.)

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County)

21. I certify that (I) (this hospital) Arended the deceased fram April 29. , 1961, ta June 10. , 1961, that (I) (we) last June/ , and that death occurred at 11:50AMm the causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE

22c. PHYSICIAN'S

Hellman

ATTENDING

6-11-61 Clinical Center

InstitutesOf Health, Bethesda 23d. LOCATION (City, town, or caunty) (State)

23g. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Buria

23c. NAME OF CEMETERY OR CREMATORY Charles Church C

emetery Glymont 25a. REC'D BY REGISTRAR

nt Maryland

24. FUNERA DIRECTOR'S SIGNATURE Home

JUN 1 6

Colones S. Tirall

FUNERAL DIRECTOR: 0 VR A15 (4) 15M 9/59

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June 10, 61 June 10, 61 June 10, 61

6910 CERTIFICATE OF DEATH Reg. Dist. No. 16897 PLACE OF DEATH 2) USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Mari b. CITY OR TOWN (If autside carporate limits, write c. CITY/OR TOWN (If autside corporate/limits, write RURAL and give flearest fawn) pe c. LENGTH OF STAY IN 1b RURAL and give nearest tawn) shauld d. NAME OF HOSPITAL (IF nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 YES NO TO 2 NAME OF 4. DATE Middle Manth Day Year filled DECEASED DEATH (Type ar print) 196 16. COLOR OR RACE 7. MARRIED X NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 51 SEX 8. DATE OF BIRTH. AGE (In years burthday) Manths Days Haurs WIDOWED [DIVORCED [papers. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF 8USINESS OR INDUSTRY 11h. diffing most of working life, even if retired) BIRTHPLACE (State of fareign cauptry) 12. CITIZEN OF WHAT COUNTRY? death. pan nari after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME carl physician mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 72 attending ease vithin CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL SETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED 8Y: DUE TO Canditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underte has been sig burial-transit lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRI8E HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Day, Year (State) (Caunty) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 27 196/that I last saw the deceased 19 to Ears 21. I certify that I attended the deceased from Zeek and that death accurred at A.M. fram the causes and an the date stated above. ADDRESS (Street, eity ar tawn, state) DATE SIGNED may be retained FUNERAL DIRECTO 27-61 ACTUAL priar 3 shauld be the registrar PHYSICIAN Seminary Rd., Silver Spring, John S. Rogers NAME (Type) 22a. 8URIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) Burial 6/29/61 St. Marks Highland, Maryland 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D 8Y REGISTRAR Tyson Wheeler Funeral Home-1331 E. Montg. Ave. VS A15 (4) 1UN 3 0 '61 Rockville. 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARKING THE PROPERTY OF THE PROPERTY OF

b. COUNTY MONT GOWN (If optical ecoponal laint), write RURAL and give sherest down) b. CITY OR TOWN (If optical ecoponal laint), write RURAL and give sherest down) C. LENGTH OF STAY IN 16 WITH BURAL and give sherest down) C. LENGTH OF STAY IN 16 WITH BURAL AND GOWN (If optical control optical con		6909 CERTIFICATE OF DEATH
B. CHY OR TOWN If office exponed family. With RURAL and give interest glowing. C. LENGTH OF STAY IN 16 When the RURAL and give interest glowing. C. CHY OR TOWN If build exponed limits, write RURAL and give interest with the state of th		- COUNTY
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Subultant Hospital, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) J. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BY SEX MARRIED NEVER		b. CITY OR TOWN (if orbide corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 3. NAME OF Subultary Hospital Hos		
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DECERSED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAYE (County & State, or foreign country) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NIME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMARY 16. CAUSE OF DEATH [Enter only one cause pp kype for (e), (b), end (c).] 16. CAUSE OF DEATH [Enter only one cause pp kype for (e), (b), end (c).] 17. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 17. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 18. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 19. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 19. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOP PERFORMED (C) 20. CONTRIBUTING CAUSE OF DEATH (C) 20. CIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 201. (City or fown) (County) (Solele) 21. I CERTIFY that (I) (this hospital) altended the deceased from [C) 21. I CERTIFY that (I) (this hospital) altended the deceased from [C) 21. I CERTIFY that (I) (this hospital) altended the deceased from [C) 22. LI CERTIFY that (I) (this hospital) altended the deceased from [C) 23. TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL		
The politic of the		
Marke White MIDOWED DIVORCED February 17 1961 Sest birthdey) Months Days Hours Min		(Type or print) MARTIN Thomas Chilcoat DEATH June 8 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLATE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [inter only one cause purhor for (e), (b), end (c).] 18. CAUSE OF DEATH [inter only one cause purhor for (e), (b), end (c).] 18. CAUSE OF DEATH [inter only one cause purhor for (e), (b), end (c).] 19. PART I. DEATH WAS CAUSED BY. 10. DUE TO 10. Conditions, If any, which gave rise to immediate cause (a), stelling the underlying cause led. 10. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (e) 19. WAS AUTOP PERFORMED YES 10. CONTRIBUTING CAUSE OF DEATH [III] 11. CEPTIFY that (II) (this hospital) atlended the deceased from [III] 12. CITIZEN OF WHAT COUNTY 13. BIRTHPLATE (COUNTY) 14. MOTHER'S MAIDEN NAME 15. WAS STATE COUNTY OF WHAT COUNTY 16. COUNTY STATE COUNTY 17. INFORMANT 18. CAUSE OF DEATH [III] 18. CHIEFE'S NAME OF WHAT COUNTY 19. WAS AUTOP PERFORMED 10		MAKKIED I NEVER MAKKIED I
13. FATHER'S NAME		1/17/e White widowed Divorced /-ebruary / /196/ yrs. 3 22
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLASE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
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Teller due two Orteres : Mentire will entered by finding for part of the part		(a), stelling the underlying
20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) at work et work 21. I certify that (I) (this hospital) attended the deceased from 19.51.7, 19.51. to 19.51. that (I) (we)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
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20c. TIME OF INJURY Month, Day, Yaar Hour a.m. p.m. 19 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., etc.) at work et work 21. I certify that (I) (this hospital) attended the deceased from 19.51.7, 19.51. to 19.51. that (I) (we)		206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Engle neture of injury in Peri for Peri II of itam 19.)
21. I certify that (I) (this hospital) attended the deceased from	-	
21. I certify that (I) (this hospital) attended the deceased from		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stete)
		p.m. 19 at work et work
		21. I certify that (I) (this hospital) attended the deceased from 19.61, to 4-7, 19.61, that (I) (we) last
ATTENDING MED STAFF () SIG	0	ATTENDING MED. STAFF SIGNED
22c. PHYSICIAN'S DIRECTOR PHYS. DIRECTOR PHYS. 1966	A	
NAME (Type) Carl Silverman 12801 Evantion St Koukills		NAME (Type)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	=	
REMOVAL (Specify)	ľ	REMOVAL (Specify)
Burial June 9, 1961 Gate of Heaven Cemetery XX Montgomery County, Md 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE	-	Buttat Julie 3: 1301 Gate of Heaven Cemetery
Warner E. Pumphrey, Inc., 8434 Georgia Ave., DATE JUN 12'61 Carlling S. Thomas		Warner E. Pumphrey, Inc., 8434 Georgia Ave.,
9 V V V V V V V V	1-	9 V V V V V V V V

completely filled in by the funeral on papers. Pages 1 and 2 should thin 72 hours after death. urs after ecuted within 24 TO HOSPITAL TITENDING PHYSICIAN: The law requires that the death certificate by secuted within 2 death. Page 4 retained by the hospital or attending physician.

> TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 to filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after 15M 9/60

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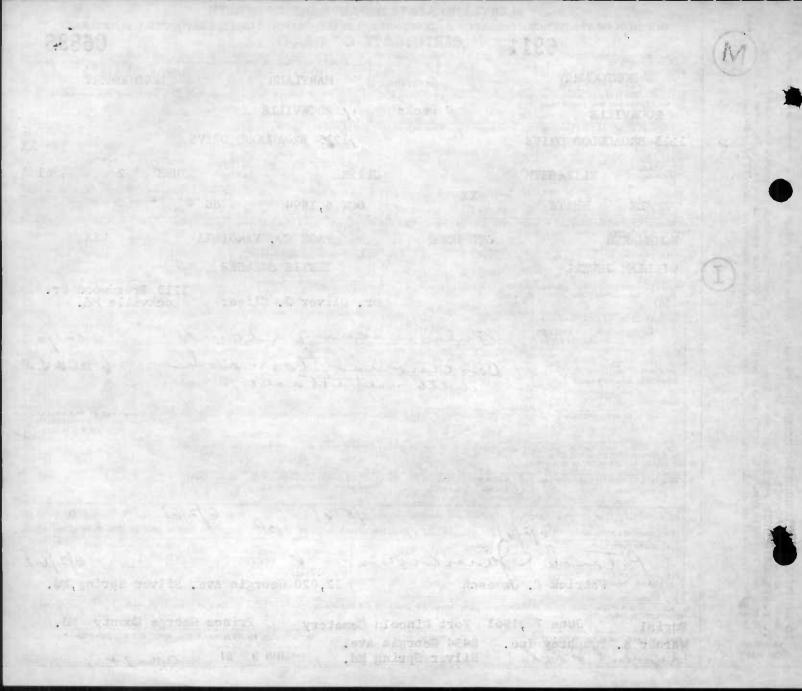
TO HOSPITAL. TITENDING PHYSICIAN: The law requires that the death certificate be ecuted within 24 Jurs after death. Page 4 Tretained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ecuted within 24

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH HAND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **DIVISION OF STATISTICAL RESEARCH** 06898 6911

1. PLACE OF DEATH a. COUNTY MONTGOMERY		a. SIATE	E (Whare dacaased livad, If ib. COUN		ca before admission)
b. CITY OR TOWN (if outside corporata limits,	MARYLAND 1 c. LENGTH OF STAY IN 1b	MARYLAND	outsida corporate limits, writa	MONTGOMER	Y
writa RURAL and give nearest fown) ROCKVILLE	2 weeks	// ROCKVILL		S NONAL SING GIVE I	lactest lowing
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos 1213 BROADWOOD DRIVE	pital, give straat addrass)	d. STREET ADDRESS /1213 BROAD	WOOD DRIVE		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ELIZABETH	Middle CI	LISER	4. DATE Month OF JUNI		Year 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE WHITE WIDOWE		OCT 6,1894	9. AGE (In years last birthdey) yrs.	Months Days	Hours Min.
dona during most of working life, even if ratirad)	IND OF BUSINESS OR INDUSTR		y & Steta, or foreign country) VIRGINIA	12. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME WILLIAM JEWELL		BERTIE S			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyas give war or datas of service) NO		nformant Oliver J.	Cliser Roc	Broadwo	od Dr.
18. CAUSE OF DEATH (Enter only one cause per I PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which	ina for (a), (b), and (c).] Pulmar avenum	any e	dewa		ERVAL SETWEEN ISET AND DEATH Laufs
(a), stating the underlying causa last.	with me	tarlar	21	VEN IN PART VOLUM	O WAS ALITORSY
САПО					PERFORMED?
	CRIBE HOW INJURY OCCURED	. (Enter netura of injury in P	art I or Part II of itam 18.)		
20c. TIME OF INJURY Month, Day, Yaar 2Dd. Whila Hour a.m. Whila at wor	Not Whila fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)		(County)	(Stata)
21. I certify that (I) (this hospital) attends saw the deceased alive on 6. 6. 6. 6.	ded the deceased from				hat (I) (we) last ate stated above.
Patrick Ju	meros, m	.D. PHYS.	RECTOR PHYS.		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Patrick C. James	son	12,020 Ge	orgia Ave. Sil	lver Spri	ng,Md.
23a. BURIAL, CREMATION, REMOVAL (Spacify) Burial 23b. DATE THEREOF June 7,1961	Fort Lincoln	Cemetery	Prince George	ge County	
24 HATTHE PIRETOR SUIGNATERY Inc. Raymend & Dipka	8434 Georgia A Silver Spring	ive.	D BY REGISTRAR 256. REG	GISTRAR'S SIGNAT	



TO HOSPITAL O

VR A1S (4) 1SM 9/59

MARYLAND	STATE	DEPARTMEN	T OF HEAL
LOS CTATICTICAL	DECEADOU	AND DECORDS	DALTIMODE I

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND	
	6912 CERTIFICATE OF DEATH	06899
	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution b. COUNTY b. COUNTY)	Residence befare odmission) Won 19.
1	6 CITY OR TOWN (If auxide corporate mils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If auxide carporate mils) write RU RURAL and rive meanest fawn) Level 1 Land of the corporate miles write RU Level 1 Land of the corporate miles write RU Level 1 Land of the corporate miles write RU Level 1 Land of the corporate miles write RU Level 1	IRAL and give nearest tawn)
	8. NAME DE HOSPITAL UT not in hospital, give street address) OR MITITUTION OR METITUTION OR METITUTION OR CLIN Cave	e. IS RESIDENCE ON A FARM? YES NO
J	3. NAME OF DECEASED (Type or print) Plent Valentine Cobb & 4. DATE OF DEATH COP	Day Year 1961
	MARKIED IN THE COLUMN	IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
i	10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Aumyya Windson 1 C	12. CITIZEN OF WHAT COUNTRY?
T	13. FATHER'S NAME Valentine Cobb. 14. MOTHER'S MAIDEN NAME Than	och.
-	AS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, 1015 EACHER (Yes. no. or belown) 1/15 yes, give war or dates of service) 1015 EACHER Topic or the service of servi	a Park mel
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
	450,0 DUE TO P 0710 16 100 -	2 2 2 2
	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) All United Sections Venue (b) DUE TO (c)	lin lys
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Not will at wark of wark 19	(Caunty) (State)
	21. I certify that (I) (this haspital) attended the deceased from	d an the date stated abave.
	22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	C/11 SIGNED
	22c. PHYSICIAN'S/ T, Morse 7030 Carroll ave Tahon	what Inol
	23g. BURIAL, CREMATION, 23b. DATE THEREOF 23g. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or PENOVAL (Specify) HERE 14,1961 Edgewood Clanelay Wendson	county) North Caruly
		TRAR'S SIGNATURE

The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND RTIFICATE OF DEATH with 0290 the funerol director, 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) RURAL and give nearest tawn) ploods d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2 YES NO IX puo NAME OF DECEASED Middle 4. DATE Month OF DEATH filled Poges (Type or print) 19 5. SEX 9. AGE (In years lost birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS completely ofter Months Days DIVORCED T WIDOWED | popers. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) FORCES oud ARMED pon 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physicion COL within remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) attending please 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO à Conditions, if ony, which gned gave rise to immediate **DUE TO** couse (o), stating the underlying couse lost. buriol-tronsit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Part II of item 18.) os the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour a. m. While Nat while this of work at work 21. I certify that (I) (this haspital) attended the deceased fram... detached 19.51, and that death occurred at 11.2M, from the couses and on the date stated above. sow the deceosed olive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Boord of M.D. TO FUNERAL DIR 3 should 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) poge 3 sh the Stote 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 18wn, or county 2Sa. REC'D BY REGISTRAR 25b. REG VR A15 (4) DATE UN 2 6 '61 15M 9/59

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TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate by acuted within amours after death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH CERTIFICATE OF DEATH 06901

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where deceese	d lived, If institution	Residence bet	ore edmission
Montgomery	MARYLAND	Maryland		Ann Arun	del	-
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete	limits, writa RURAL e	nd give neeres	t town)
Bethesda (Rural)	59 days	Annapolis		\wedge	210-	2.
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS				IS RESIDENCE
U. S. Naval Hospital		1000 Madi	son Stree	t	YES	ON A FARM?
3. NAME OF First DECEASED	Middle	Lest	4. DATE	Month	Day	Yeer
(Type or print) Ethel	Gertrude	CONDYLES	DEATH	June	22	19 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED B	DATE OF BIRTH		E (In yeers IF UNDER	1 YEAR IF U	NDER 24 HRS.
Female Caucasian widowi		5-3-96	65	birthdey) Months yrs.	Days Hou	ars Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & Stete, or foreig	n country) 12. C	ITIZEN OF WH	AT COUNTRY
Housewife		South Car	olina		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN			9011	
John K. BLACKWELL		Rhoda HENI	ERSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I			Address		
(Yes, no, or unkown) (Ifyesgivewerordetasofservice)	(S) Eugene G.	Condyle,	same as #	2 above	
18. CAUSE OF DEATH [Enter only one ceuse per	line for (a), (b), end (c).)				INTERVA	L BETWEEN
PART I. DEATH WAS CAUSED BY:	al shurteld	on wel	L ure	ma	ONSELA	ND DEATH
17/X DUE TO	el sburtela					
Conditions // Annual Mark Doe 10	i sias orana	of of	Tack ore			*****
geverisa to immediate cause		provide (1000	No.		yrs
(a), steting the underlying DUE TO						
cause lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS COI	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN PA		AS AUTOPSY ERFORMED?
E S					YES [
PART II. OTHER SIGNIFICANT CONDITIONS COL	CRIBE HOW INJURY OCCURED	(Enter nature of injury in	Pert I or Part II of ite	om 1B.)		
20c. TIME OF INJURY Month, Dey, Yeer 20d.		CE OF INJURY (Home, farr		own) (Co	ounty)	(Stete)
20c. TIME OF INJURY Month, Dey, Yeer 20d. While Hour a.m. While two	C C TOO WILLIAM	ory, straet, office bldg., etc	-)			
p.m. 19 ar wo		Annil Oh	10 67	Tuna 22 4	67	PF () I
21. I certify that (this hospital) after	ided the deceased from		20AM 10	Tune 22 , 19		
saw the deceased alive on	19. O.L. and that	death occured af	M, from the	causes and on	the date s	
228 SIGNATURE	LAT			TAFF		226. DATE SIGNE
When Care	Lel 5 M		DIRECTOR PH	iys. 🗶	6-2	2-61
22c. PHYSICIAN'S NAME (Type) Arthur O. ANCTI	L,JR.,MC,LT, US	N U. S. Na	val Hospi	tal, Beth	esda, M	ld.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION	N (City, town or cour	nty)	(Steta)
REMOVAL (Specify)		Carlo A Carlo	D			
	Riverview C	emetery	Richmon	nd	Virgini	la
Burial 6-24-61			C'D BY REGISTRAR	nd 25b. REGISTRAR'S		La

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(S) Bigene C. Contyle. and es (S)

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Arthur O. Allens, JR., JR., Utl. U. S. Lowel Houstell, Remonder. Mi.

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etely filled in by the funeral pers. Pages 1 and 2 spould 2 hours after death ATTENDING PHYSICIAN: The law requires that the death certificate by TO HOSPITAL Mesth. Page 12 TO FUNF

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	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comple	firector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pap	Stiled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 7
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OF 90 06902

						0 1	000
1. PLACE OF DEAT	Н		2. USUAL RESIDEN	CE (Where dece		itution: Residen	ca before admission)
Montgomery	7	MARYLAND	Maryland		b. COUNTY	EXE Ca	Iverte
b. CITY OR TOWN	(if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpore			neerest town)
Bethesda (Rural)	44 days	Barstow P	O. Calv	ert Co	8	TX-
	ITAL OR INSTITUTION (if not in		d. STREET ADDRESS		cro do.		a. IS RESIDENCE
I S Nave	l Hospital						YES NO W
NAME OF	First	Middle	Last	4. DATE	Month	Dey	Yeer
DECEASED (Type or print)	Mamie		COPSEY	OF DEATH	June	22	19 61
. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED	DATE OF BIRTH		AGE (In yeers IF ast birthdey)		IF UNDER 24 HRS.
emale	-	OWED X DIVORCED	8-11-86		74 yrs.	lonths Deys	Hours Min.
e. USUAL OCCUPA		DE. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Cou	nty & State, or for	eign country)	12. CITIZEN O	F WHAT COUNTRY
Housewif	rorking life, even if retired)		Mrv	land		USA	
B. FATHER'S NAME			14. MOTHER'S MAIDEN				
Morris SU	TMP		Rosie WILLI	AMS			
	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.		ANIO	Address		
	(If yes give wer or detes of service)					,,	
No			s. Evelyn Bl	ack (D),	same a	s #2 abo	
18. CAUSE OF	DEATH [Enter only one ceuse	per line for (e), (b), end (c).					SET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Passed & Kee	lacer. 1	well. Is	ence		OLI MID DEMI
	IMMEDIATE CAUSE (e)	perces sie	-54-50				
1 7	DUE TO	~	1.1				
Conditions, if en	y, which (b)	Coccinorn	a 4the	cerr	reg		2 vrs.
geve rise to imme	diete ceuse						
(a), steting the	underlying DUE TO		V				
cause lest.) (c)		T DELL'ITO TO THE TERM	INIAL DISTASE CO	NOTION CIVE	LINI DART 1/-) L	VAGOTILA 2 A W. O.
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	JI KELATED TO THE TERM	INAL DISEASE CC	DADITION GIVEN	IN PART I(e)	PERFORMED?
							YES NO X
		DESCRIBE HOW INJURY OCCURE). (Enter neture of injury in	Part I or Pert II o	f item 18.)		
OR CONTRIBUTIN	G [] CAUSE OF DEATH						
		20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fer	m, 20f. (City o	r town)	(County)	(Stete)
20c. TIME OF IN. Hour e.m.			tory, straet, office bldg., et			(1000,	
p.m.	4.0	t work at work					
21. I certify	that X (this hospital) a	attended the deceased from.	May 9				hat (X) (we) las
saw the dece	ased alive onJune.	22 19.61, and tha	death occured at	35 AM from	the causes ar	nd on the d	ate stated above
224. SIGNATURE	00	779	ATTENDING	MED.	STAFF		SIGNED
1 1len	un Tun	and to	A.D. PHYS.	DIRECTOR [PHYS.		6-22-61
22c. PHYSICIAN			22d. ADDRESS				
NAME (Typ	"Arthur O. ANO	TIL, JR., LT, MC, US	N U.S. Na	val Hosp	ital. B	ethesda.	Md.
Ba. BURIAL CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY			ION (City, town		(State)
REMOVAL (Specif	y) Ton - 21/19	6/ Asbury Ceme		Barst	WO	Mary]	Land
Burial FUNERAL DIRECTO	DES SIGNATURE	ADDRESS		EC'D BY REGISTR		-	
				UN 2 7 '61		hur S. Kras	
Harkness 1	Tuneral Home, N	nutual, Ma.	DATE	014 - 1 01	- Ciri	D. I Wal	~~

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A TANK C. MICHTS, St., Mr. 12, US. U. S. Burel Hospital, Sellenin, Mi.

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TO HOSPITAL C TTENDING PHYSICIAN: The law requires that the death certificate be exted within 12 cours after death. Page 4 m a retained by the hospital or attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

OGGOS

0340	0000
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decaased lived, If institution: Residence before edmission)
Montgomery MARYLAND	a. STATE Mary and b. COUNTY Fince Georges
b. CITY OR TOWN (if dutaida corporate limits) c. LENGTH OF STAY IN 1b write RURAL and give n acts town)	c. CITY OR TOWN (If quiside corporete limits, write RURAL and give neerest town)
Takoma Park / Lay.	Bowse 16x.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Washington Janitarium + Hosp.	Pine Ridge Road VES NO DE
3. NAME OF DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Archie Rivers	Daniels DEATH 6 - 19 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min
Male white widowed Divorced	april-23-1901 60 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 1. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
Painter Construction	Maryland L.S.a.
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
Horace Vaniels	Mary Mac lamey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yas, no, or unkown) ((Ifyesgivawarordetesofservice)	INFORMANT Address
Done	Pario F
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Larluce Lew Jan
(1)	A-O A A
Condition if any others Due to	to hear des. Muse I
Conditions, if eny, which geve rise to immediate ceuse	2 Jacob Grand
(e), steting the underlying DUE TO	heroclaros 2
cause lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 0 (If EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Part I or Pert II of item 18.)
	ACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata)
Hour a.m. While Not While fee	ctory, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from.	19, that (I) (we) last
saw the deceased alive on 9, 19, 19, and tha	t death occured at 12N from the causes and on the date stated above.
228. SIGNATURE JA Holkon	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
22c, PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS.
NAME (Type) (has by NoLOHON	76 00 Gerill ave Tobon Jack no
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burra Pecify June 23, 1961 St John's Co	emetery Beltsville, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
7 94 / 5 4/39364, 400 //	mal DATE JUN 23 '61 Circling & throws
1. Harces sons " and all	A. I Vision

30/230 Burney Market while of the seasons of the seasons of the seasons .bo .ellivalion Level War To Mark Street South

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06906

	6919		CERTIFICAT	E OF DEA	TH			00300	
1. PLACE OF DEATH	1				DENCE (Who			sidence before admission	
a. COUNTY MONT GOMERY MARYLAND				a. STATE	a. STATE MARYLAND b. COUNTY MONTGOMERY				
b. CITY OR TOWN (if outsida corporate lim	its,	c. LENGTH OF STAY IN 1b				RURAL and give nearest town)		
write RURAL and give nearest town)									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)			SILVER SPRING 25				a. IS RESIDEN		
							•	ON A FARA	
	RON STREET					STREET, A			
NAME OF DECEASED	First		Middle	Last	4. DA			Dey Year	
(Type or print)	CLIFFE		Vorton	DAVIS	DE	ATH JUN		7 1961	
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	Months Da		
MALE	WHITE	WIDOWI	DIVORCED	NOV. 23, 1	893	67 yrs.			
Oa. USUAL OCCUPAT	ION (Give kind of wor	k 10b. k	IND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE	(County & Stat	te, or foreign country)		EN OF WHAT COUNT	
done during most of wo	ED - RAIL		ENGINEER	Maine				0.5.	
3. FATHER'S NAME				14. MOTHER'S MA	IDEN NAME				
Horace	Davis			Maude I	Norton				
S. WAS DECEASED EV	FR IN U.S. APMED FO	PCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		Address			
Yes, no, or unkown) (I									
	W #1			athryn Noor	nan Dav	ris, 8714 (Cameron		
			line for (e), (b), and (c).)					ONSET AND DEATH	
PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a	Col	RONARY OCC	LUSION				4 HRS.	
4201	DUE TO							SEVERAL	
Conditions, if any	, which) (b	Co	RONARY AT	HERO SECE	FROSIS			YEARS.	
gave rise to immedi	iete cause			11					
(a), stating the u	nderlying								
	SIGNIFICANT COND	ITIONS CO	NTRIBUTING TO DEATH-BUT	NOT RELATED TO THE T	ERMINAL DISI	EASE CONDITION GIV	ZEN IN PART 1	(a) 19. WAS AUTOP:	
		_						YES NO	
PART II. OTHER	AS UNIDERIVING CO		PTIC ULL		on in Boot Lon	Post II of Story 19 \		152 NO [
OR CONTRIBUTING	AS UNDERLYING [SCRIBE HOW INJURY OCCUR	ED. (Enter hature of inju	ry in ran i or	rett ii of flessi to.)			
	MEDICAL EXAMINER	1							
20c. TIME OF INJU	JRY Month, Day, Y	ear 20d. Whil		LACE OF INJURY (Home		(City or town)	(County	y) (State)	
Hour a.m.	19		rk et work						
	hat (I) (this hosp	ital) atter	ided the deceased from	VAN. 27	19.61	10 JUNE 1	7 196	L. that (1) (we)	
and the decem	and alive on 7	CAF 1	719 .6 /., and the	at death occured	1 / 03 KA	from the causes	and on th	e date stated abo	
22a. SIGNATURE	sed alive oily		,, and me	ai deaili occurod	u	HOIII IIIC COGGO	and on m	22b. DAT	
228. SIGNATURE	2000000	0	D part	ATTENDING	MED.	STAFF PHYS.		SIGI	
	fames	c. /	tooens	M.D. PHYS.	4	k rnis.		JUNE 17/1	
22c. PHYSICHAN'S NAME (Type)	71 11	1	ROBERTS MI			DE eine	D CAD.	" MARUI	
23a. BURIAL, CREMATI REMOVAL (Spacify)	ON, 23b. DATE THE	EREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d.	LOCATION (City, to	wn or county)	(Stata)	
Burial	June 20,	1961	Gate of Heav	ven Cemeter	v Mo	ontgomery	County.	Maryland	
A CUNIFORM DIRECTOR	DIE CICNIATURE		ADDRESS	25a	. REC'D BY I	REGISTRAR 256. RE	GISTRAR'S SI	GNATURE	
Warner E.	Pumphrey,	Inc.,	Silver Spring	S, Ma	JUN 2 2	. '61 a	rthur S. +	Trava	

TO HOSPITAL (TIENDING PHYSICIAN: The law requires that the death certificate be expled within 2 hours after death. Page 4 m, a retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after departs. ed within

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MESO CASTREE TORRES, 217. 4278 - 216 《自以中·伊女子,至是为至。在北京公公中工程 2 MARCH 15 THE 36 7 rodzav. Mer 23, 1093 67 = ALACE WHILE A STREET CHEAR CHARLES WELL 2010 1186 6565 DE 3117 30 PERFIC DUTER 1 A COURT WATER OF THE STATE OF Town of the Gunden Rolling Later of the Control That is the Republic out, may remain me stark and or never Come 20,1001 | Actonol Harves Marchery | Nontropest County, Partiana A Company Too, while the company to MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare dacaased livad, If institution, Rasidanca before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Maryland Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and giva naarast town) Kensington Chase Chevy d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a, IS RESIDENCE ON A FARM? Kensington Gardens Sanitarium YES NO X 5600 Western Avenue 3. NAME OF DATE DECEASED OF (Type or print) DEATH PAUL 19 A. DAVIS June 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Davs Male White WIDOWED [DIVORCED June 1888 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS_OR INDUSTRY | 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY? Electrical Fixture Firm done during most of working life, even if retired) President Pennsylvania IISA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James P. Davis Mildred Hill 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yas, no, or unkown) | (Ifyes give war or dates of service) Unknown Imogene E. Davis-Wife-same 2d 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Generalizal arterioselesses ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiate causa DUE TO (a), stating tha undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO 4 20a. ACCIDENT WAS UNDERLYING T 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Pert I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, straat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work 1961 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive 22b. DATE 22a. SIGNATURE 61 SIGNED ATTENDING June DIRECTOR PHYS. PHYS. 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS Washington, NAME (Typa) KEMP Street. N.W.. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) Burial Rock Creek Cemetery Washington. D.

Bethesda, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Chilling S. Minus

JUN 8

funeral filled in L after papers. n 72 ho completely carbon and physician ever remove please affending the P ig physicial signed by burial-transit affending peen has the ö certificate hospital as use prior R: After this ce detached for t the Health þ m e retaine DIRACTOR: pinous State eath. Page 4 FUNERAL page with th filed \ O F

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24 FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrev

South Company STATE OF A STATE OF President Paris Property Property James P. Davis of work and a product of the same of Wastern Con, 2011 - P Street, U. .. HEIM I SEDE Burint wo 6/5/64 Rack Brest Generaly Fathington, D. C. Robert A. Pumphrey Betheada, Maryland Line of the continues

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institutions Rasidence before admission) a. COUNTY b. COUNTY a. STATE Montgomery Montgomery MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 267 days Bethesda (Rural) Chevy Chase hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital Chevy Chase Club 4. DATE NAME OF Middle Month DECEASED (Typa or print) DEATH within Oliver DOWNES June Tee carbon 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | and last birthday) 8-29-89 WIDOWED X DIVORCED event, Male Caucasian physician remove 10a. USUAL OCCUPATION (Give kind of work 10h KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even it retired Officer U. S. Navav Delaware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending and Mary PERRY Samuel DOWNES Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, 9/6/08 to (Yas. no. or unkown) Hospital Records Yes signed by the permit. 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c). attending physician. PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (e) burial-transit DUE TO Conditions, if any, which gava rise to immediata ceuse DUE TO (a), stating the underlying OCTOR: After this certificate has ld be detached for use as the bu causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 8 0 prior 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) de 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., etc.) Not While Whila Hour a.m. et work at work to June 21 19 61 that (% (we) last 21. I certify that (i) (this hospital) attended the deceased from Sept. 27. 19.61 saw the deceased alive on June 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. death. Page 4
FO FUNERAL
director, page 3
be filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type U. S. Naval Hospital, Bethesda, Md. CDR. MC. 23a. BURIAL, CREMATION, 23b. DATE THEREO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacify) Arlington Arlington National Burial

Jos. Gawlers & Sons, 1756 Penna. Ave., NW, WASHDC DALLIN 2 6'61

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MARYLAND STATE DEPARTMENT OF HEALTH

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a. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence Live admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Montgomerv MARYLAND Maryland Montgomery b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Silver Spring 31 years Silver Spring d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO F 2023 Kanier Drive 2023 Lanier Drive 3. NAME OF 4. DATE Middla Month Yaar DECEASED DEATH (Typa or print) 19 6 AGE (In years | IF UNDER 1 YEAR | 1F UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ast birthday) Months Days WIDOWED T DIVORCED White Female April 5. 1900 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired U-S-A-Practical Nurse Baltimore Maryland

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2 and Israel Deacon Yocum Abbie G. Huffman Address Spring, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, (Yes, no, or unkown) | (Ifyes give war or datas of sarvica) 578-42-1746 Mrs. Arthur L. Hanson 2023 Lanier Drive INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), (small) tract ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if a ... which gave risa to immadiate causa DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO I prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING ched for Health pi OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm, 1 (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, street, offica bldg., atc.) Not While Hour a.m. Whila WED at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from..... 19.60 to...(c. 20 19.61, and that death occurred at 36.M, from the causes and on the date stated above. saw the deceased alive on...! 22b. DATE 22a. SIGNATURA STAFF SIGNED DIRECTOR PHY5. PHYS. M.D. rector, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Fifth Street, N.W. Washington D.C. 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) O F S Gaithersburg, Montgomery, Md. Forest Oak Cemetery 6/23/61 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Inc. 8434 Georgia Avenue 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Circher S. Thousa DATE JIN 2 7 '61 15M 9/60 Silver Spring, Maryland

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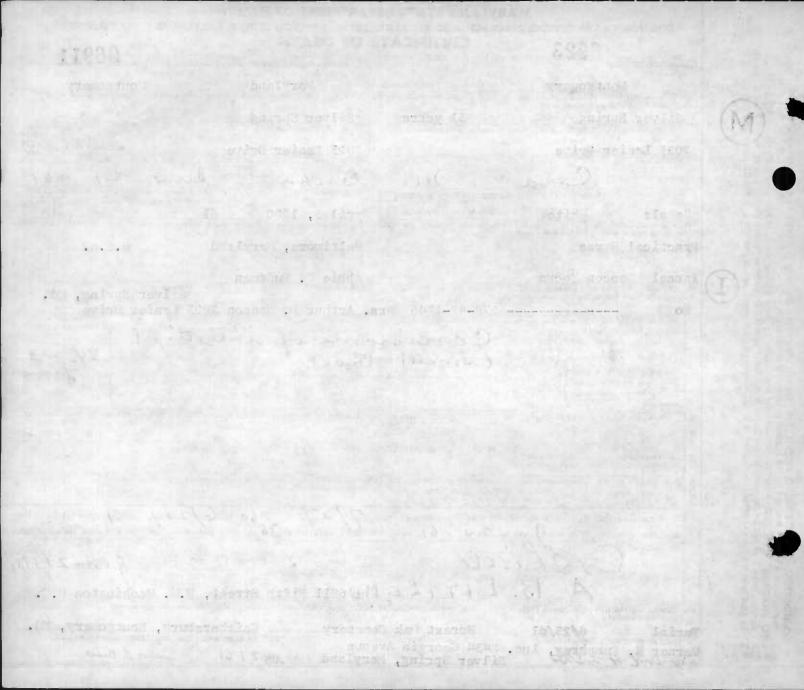
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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS —	BALTIMO
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1. PLACE OF DEATH Montg	omery Item 9 Film In Ch. Md. Md.	2 USUAL RESIDENCE (Where deceded 3404-W. Coquel	in Ter. Ch.	Ch. Md.
b. CITY OR TOWN (If autside carporate limi RURAL and give nearest town) Chevy Chase Md.	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car	porate limits, write RURAL and g	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mrs.	Mary H.	Durbin 4. DATE OF DEAT	H June	Day Year 28 1961
Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Feb. 15 1883	78 / 9/ yrs. Months	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired Housewife,	dane 106. KIND OF BUSINESS OR INDU	Bolling Gree		U.S.A.
13. FATHER'S NAME Patrick Fleming	3,	Margaret How	ard	
(Yes, no, or unknown) (If yes, give war or dates of s		Margaret P. Du	rbin- 3404-W	. Coquelin
18. CAUSE OF DEATH [Enter only one co PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	, Congestina	east failure		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate (b	, Coronay and	in disease		jorgans
cause (a), stating the under- lying cause last. (c)			
& carelanosela		7, at Medicale	been pomen'	PERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in Part I or P	art II af item 18.)	
20c. TIME OF INJURY Manth, Day, Year Haur a. m. 19		ACE OF INJURY (Hame, form, ctary, street, affice bldg., etc.)	ity or town) (C	County) (State
21. I certify that (I) (this haspital saw the deceased alive an		death accurred at 130 M, fran	\ \	that (I) (we) last date stated above.
22a. SIGNATURE	19	M.D. ATTENDING MED. DIRECTOR [STAFF	22b. DATE SIGNED

PHYSICIAN'S NAME (Type)

Dr. Blaine H. Eig

8641 Colesville Road,

Silver Spring, Md. 23d. LOCATION (City, tawn, or county)

23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 7-3-61 24. FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Bowling Green

Ga. Ave. N.W.

3831

Kentucky,

25a. REC'D BY REGISTRAR DATE ALL 1

25b. REGISTRAR'S SIGNATURE Coreling S. Kraus

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	ery		MARYLAND	2. USUAL RESIDENCE O. STATE Trict	(Where deceased line) of Column	1	on: Residence	before admi	ission)
Bethesd	(If outside corporate limits, nearest town)		days	c. CITY OR TOWN		e limits, write RI	JRAL and give	re nearest to	wn)
OP INSTITUTIO	PITAL (If not in hospitol, giv		14, Md.	d. STREET ADDRESS	s Well Terr	race, N	E.	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Agn	es	Middle Mary	Dys on	4. DATE OF DEATH	Mon Jur		Day 22,	Year 19 61
5. SEX Female	6. COLOR OR RACE	MARRIED ME	DIVORCED	April 15,		AGE (In yeors lost birthdoy) 53 yrs.	Months De	YEAR IF UNI	
100. USUAL OCCUPA during most of w Laundres 13. FATHER'S NAME Henry De		_	BUSINESS OR IND		t of Colu			S.A.	COUNTRY
	VER IN U. S. ARMED FORCE	(mon)		informantThe Me he Clinical				⁄arvla	nd
Conditions, if gove rise to couse (o), static lying couse los	immediate DUE TO	Carcinom Metastas	Metastas a of Cerr es to lur	rix with				1 y	month
OR CONTRIBUTION	OTHER SIGNIFICANT COND WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER;			OT NOT RELATED TO THE TE			EN IN PART 1	PERF	S AUTOPSY FORMED?
	URY Month, Doy, Year	20d. INJURY OC	whilef	PLACE OF INJURY (Home, octory, street, office bldg.,	etc.)		(Cou	unty)	(Stote
21. I certify t saw the dece 22a. SIGNATURE 22c. PHYSICIAN' NAME (Type)	ettended the 19	utor	M.D. ATTENDING DATE PHYS. 2211 PRECOLU	OO A POINT th	staff X phys. X	d an the d	Inst	ed abave 22b. DATE 5/22/6
230. BURIAL, CREMAREMOVAL (Special Particular Property of the Control of the Cont	(y) 6/26/14	161 LIN	ME OF CEMETERY COLN RESS 14-15	OR CREMATORY MEM. CEI 250. R		SUIT SUIT R 25b. REGIS		D (St	MD.

TO HOSPITAL OR A NOING PHYSICIAN: The law requires that the death certificate be executed with the hours after the page 4 may be retained to the page 1 may be certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59

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24g, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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VR A15 (4) 15M 9/59

1	CERTIFICA	Ale OF DEATH
	1. PLACE OF DEATH O. COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Montgomery
	b. CITY OR TOWN (If outside corporate limits, write RUPAL and give neocest town) Galthersburg ## 1 Year	Costhanahama
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR IDDITION James St.	d. STREET ADDRESS 105 James St. e. IS RESIDENCE ON A FARM? YES \(\) NO [3]
	3. NAME OF DECEASED (Type or print) AGNES MYRTLE	EYLER 4. DATE Month Day Year OF DEATH June 19 19 61
	5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	May 13 1890 9. AGE (In years of lift UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) Pract. Nurse	DUSTRY 11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY U.S, A.
1	13. FATHER'S NAME Joseph Harrison	14. MOTHER'S MAIDEN NAME Cornelia Warthen
-	(Yes, no, gr-unknown) //f yes give war or dates of service) -/- 0 - / 0	Leslie E. Mullineaux Same As 2
		FAILURE CANCER of Breasts Generalized Metastasis UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO E
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I or Port II of item 18.) PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stat.
		foctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an	t death accurred atM, from the causes and an the date stated above ATTENDINGMEDSTAFFSIGNE M.D. PHYS DIRECTOR PHYS
	22c. PHYSICIAN'S L. I. Led /	Gaithers burs Med.
	236. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY June 22 1961 Hyattstown	OR CREMATORY 23d. LOCATION (City, town, or county) (State) Hyattstown Md.
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis & Barber Laytonswills	MD. 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY MO:	ntgomery	MARYL	0.	STATE LTYLAND		. If institution b. COUNTY		ore admission)
b. CITY OR TOWN RURAL ond give Olney	(If autside carporote limits, neorest town)	c. LENGTH OF STAY IN	10	city or town (if a				earest town)
d. NAME OF HOSE OR INSTITUTION MONTGOME		street oddress) Hospital	d.	STREET ADDRESS	594			e. IS RESIDEN ON A FAI YES NO
3. NAME OF DECEASED (Type or print)	First	Middle Josiah F	innev	frock	4. DATE OF DEATH	Month 6	11	yay Year
s. sex	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	B. DAT	28/1885	9. AC 75	1 1 1 1	Months Days	Hours
10a. USUAL OCCUPAT	TON (Give kind of work doorking life, even if retired)	Blacksmith	INDUSTRY 1	1. BIRTHPLACE (Stote			12. CITIZEN C	F WHAT COU
13. FATHER'S NAME			14. /	MOTHER'S MAIDEN	NAME		1 000	
	Finneyfrock /ER IN U. S. ARMED FORCE (If yes, give war or dates of servi	S? 16. SOCIAL SECURITY NO.	17, INFORM		Schutly Records	Addres	33	
Canditions, if gove rise ta couse (a), statin lying couse los!	g the <u>under</u> DUE TO	Cerebral A	rterio	Sclero		IDITION GIVE		years
OR CONTRIBUTION	VAS UNDERLYING 20 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OC	CURRED. (Ente	er nature of injury in	Port I or Port II of	item 18.)		PERFORME YES N
WE DICAL HOUR OF INJU	. 10	20d. INJURY OCCURRED While Nat while of work of work		FINJURY (Home, farm treet, office bldg., etc		wn)	(County)
	nat (1) (this haspital) ased alive on	attended the deceased f		accurred as	M, fram the	causes and		hat (I) (we) e stated ab
22c. PHYSICIAN'S NAME (Type)		he fales his	M.D. F	PHYS. DI	ED. ST. RECTOR □ PH	AFF YS.		SI
230. BURIAL, CREMAT REMOVAL (Specif Burial	10N. 23b. DATE THEREOF (y) 6-14-61	23c. NAME OF CEMET			23d. LOCATION	City, town, or	county)	(Stote)
74. FONERAL DIRECTO	or's SIGNATURE 94. Barbe	_ Laytonsvill		250. REC			RAR'S SIGNATURE & S. Man	

TO HOSPITAL OR NOTING PHYSICIAN: The law requires that the deoth certificate be executed with the haurs after the page 4 may be retained thospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, crematian, ar removal, and in any event, within 72 hours after death. VR A1S (4) 15M 9/59

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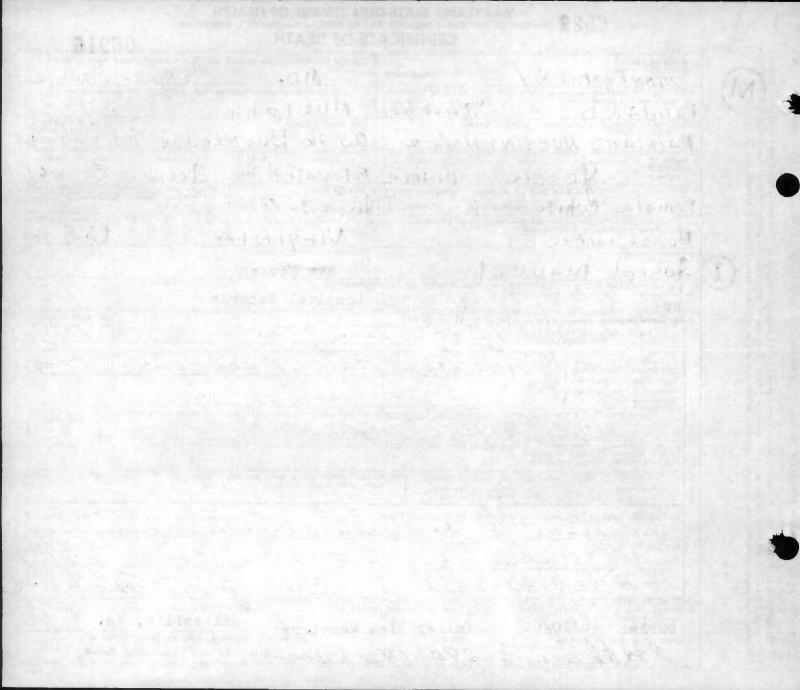
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. P	LACE OF DEATH			ere deceased lived. If institution: Resid	lence before admissian)
	0	MONT gome RY	MARYLAND	o. STATE M.D.	b. COUNTY	e Electie
1	Ь	. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RURAL on	d give nearest tawn)
	P	RURAL ond give nearest town)	4/9/61-6-8/61	ADOLO	h i	1673-2
1	1,	I. NAME OF HOSPITAL (If nat in hospital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
	F	AIFIAND NUTSING	Home	2526 B	vekLodge 7	Pd. YES NO D
3		IAME OF First	Middle	Lost	4. DATE Month	Day Yeor
		Type or print) Le SSIR	MARIE	FITZWATER	DEATH GLENC	6 1961
	S. S	EX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE BIRTH	9. AGE, In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
	1	emale Cunite WIDOW	ED DIVORCÉD 🗌	June 3 - 1	896 65 yrs.	s Days Haurs Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. jduring most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State	ar foreign country) 12.0	CITIZEN OF WHAT COUNTRY?
	1	loose wife		VIH91	NIA	U.S.A
	13.	ATHER'S NAME	,	14. MOTHER'S MAIDEN N	IAME	
1	1	Loseph MANUE		Eva Mee	ks	
1		AS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT	Address	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no	2	Hospital B	lecords	
		18. CAUSE OF DEATH [Enter anly one cause per li	no for (a), (b), and (c).]	/>		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ash us 5	ono Nole	rear	10 gr
		350 X DUE TO	2 12		0	,/
		Conditions, if ony, which)	seleral o	aslerio	seleson	0 /84/15
		gove rise to immediate DUE TO				1
Н		lying cause lost.				
	Z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P	ART 1(o) 19. WAS AUTOPSY
	CATION	(Cute Car	diac Xa	rilure		PERFORMED? YES NO
	ш.	206. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in F	Part I or Part II of item 18.)	
	T. 1	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL		La.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (Stote)
	MEC		rk ot wark	//		
		21. I certify that (I) (this hospital/attended)	ed the deceased from	7/9 14	01, to 5/8 19	6/, that (I) (we) last
		sow the deceased dive on 10	1961, and that d	leoth occurred of	M, from the couses ond on	
	Н	22a. SIGNATURE				22b. DAJE SIGNED
	8	Allen	lein	M.D. PHYS. ME	ED. STAFF RECTOR PHYS.	6/8/61
		22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	11 77	2. // 1
		NAME (Type) V. E. VIRNS	IEIN	33/1	-16.11h	295h 10.00
	230	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, ar count	y) (Stote)
		burkal 6/10/61	Valley Vier	w Cemetery	Nokesville,	Va.
	24.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25o. REC'	D BY REGISTRAR'S	
		1 H Hures Co	290114	SV NU DATE JU	N 9 '61 auchus.	S. Thurs



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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h CITY OF TOWN	ery	1000	MARYLAND	2. USUAL RESIDENCE (W		. COUNTY	n nortened by	
Bethesd	(If outside corporate limit nearest town)	s, write c. LEN	1 day	c. CITY OR TOWN (IF		nits, write RUI	RAL and give r	nearest town)
d. NAME OF HOS	PITAL (If not in hospital, gi			d. STREET ADDRESS 906 Susque		mie		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	John	st	Middle Harold	Flannery	4. DATE OF DEATH	June		Day Year 6
Male	6. COLOR OR RACE White	7. MARRIED A	DIVORCED	April 19, 1	a los		Months Doy	AR IF UNDER 24 H
during most of w	TION (Give kind af work overking life, even if retired)	_	F BUSINESS OR INDUS	Pennsy		4-4		S.A.
3. FATHER'S NAME	Flannery			14. MOTHER'S MAIDEN				
Unknown 18. CAUSE OF I	OEATH [Enter only one content of Section 1982]	Unk	nown Th	FORMANT The Med le Clinical C espiratory in	enter, Be	thesda	14, M	aryland NTERVAL SETWEEN NSET AND DEAT YEARS
Conditions, it gove rise to cause (a), stati	f ony, which immediate ong the under-st.	Bronchi	ectasis & e				N IN PART 1(a	years
Atheros 20a. ACCIDENT OR CONTRIBUTI				cefebral ve		item 18.)		YES NO
-	IURY Manth, Day, Yea		ot while foo	ACE OF INJURY (Home, fari tory, street, affice bldg., et	c.)		(Cauni	ty) (Sto
	hat (I) (this haspital	attended the	docograd from	leath accurred at :3	OPM to June	3,	19	

TO HOSPITAL OR A NOING PHYSICIAN: The law requires that the death certificate be executed with 34 hours offer. In. Page 4 may be remained the chospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 should be filled with the State Board at Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

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1. PLACE OF DEATH a. COUNTY		MARYLAND	a. STATE	here deceased lived. If institution b. COUNT	Y	
Montgon			Maryland		Montgome	-4
RURAL and give		c. LENGTH OF STAY IN 1b	Y -	outside carporate limits, write	RURAL and give ned	arest tawn)
Rockvi			/ Rockville	9		
d. NAME OF HOSPI OR INSTITUTION			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	E. Argyle Stra	et	H 5 E. Argy	rle Street		LES NO
3. NAME OF DECEASED (Type or print)	Julia M.	Middle Folev	Last	4. DATE MOF DEATH June	onth Do	y Yeor 19 61
5. SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year		IF UNDER 24 HRS.
Female	White WIDOW			last birthdoy	Months Days	Haurs Min.
	ON (Give kind of work done 10b	KIND OF BUSINESS OR INDU		or fareign country)	12. CITIZEN OF	F WHAT COUNTRY?
during most of war	rking life, even if refired)		Marvla		U.S.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Dobont	T Folow			Meagher		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO.	INFORMANT	5 E Arch	Te Street	
Yes, no, or unknown)		Ar	n M. Foley	Rockvill		
			11. 1010)	210 520 7 2 2 2	-	EDVAL BETWEEN
	ATH [Enter anly one couse per i	The far (o), (b), and (c).	0110		ON	ERVAL BETWEEN
PART I, DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	nesocasolia	I karkuse			ew day
2015	DUE TO		//		N	1
2063		1 0 0	K-	000		0
Conditions, if		Malputru	con mest	af defam	6000	/ glar
gave rise ta	DILETO		,	0		
lying cause last.	the under-					
	(c) (c) (c) (THER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERM	ALMAN DISCASE CONDITION O	IVEN IN BART 1(a)	IN WAS AITOPSY
PART II. OT	Ra dieof	nasterlara	In care	enone of	Kear fee	PERFORMED?
# 20g. ACCIDENT W	AS UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCUR	ED Enter nature of injury in	Port I ar Part II af itom 18.)	174	9.
		Tes -			1	
20c. TIME OF INJU			LACE OF INJURY (Home, far octary, street, affice bldg., et	m, i 20f. (City ar tawn)	(Caunty)	(Stote)
Y 20c. TIME OF INJU Hour a. m.	19 While	Nat while	scrony, single, direct bidgi, en			
		10 5	- 11	1	1	
21. I certify t	hat I attended the decea	sed fram.	19, ta	UNE 25 , 186	that I last say	w the deceased
alive an	une 15/6/19	and that deat	h accurred at TA	M; fram the causes of	and on the date	stated above
			701	ADDRESS (Street, city or taw		DATE SIGNED
ACTUAL	Departs of	100	110	(3)	-	///
SIGNATURE	11 U. des	Much	M.D. 110 -	- Talken	gley I	6/21/6
PHYSICIAN'S NAME (Type)	LIO South Workington		7.	orlively !	up	1 /01
				Tool tocasion (c)		
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	7)	ND22c. NAME OF CEMETERY C		22d. LOCATION (City, town		(State)
	6/23/61		Cemetery	Towson, N	laryland	ne.
23. FUNERAL DIRECTOR	CS SIGNATURE	ADDRESS E. I	ionte Avea REC	D BY REGISTRAR 246. REG	GISTRĂR'S SIGNATU	KE
Tyson Whe	eeler Funeral Ho	ome Rockville	Md. DATEIN	23'61 Chi	hur & Kraua	

TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed with the haurs after from Page 4 may be retained by the spiral ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be thed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	000%	CERTIFICA	IE OF DEATH		06919
) · P	PLACE OF DEATH . COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (W	D C b. COUNTY	: Residence before admission)
b	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16		outside corporate limits, write RUF	RAL and give nearest tawn)
4	d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION Suburban	1 10	d. STREET ADDRESS		N. W. O. IS RESIDENCE ON A FARM?
(NAME OF First DECEASED (Type or print) Franklin	Middle (nmi)	Lost FORD	4. DATE Month OF DEATH June	Day Year 5 161
5. 5	6. COLOR OR RACE 7. MARI Male White WIDOW		8. DATE OF BIRTH 2/2/90	1 1 1 1 1 1 1	FUNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. 4 3
10a.	. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Advertising Manager B	kind of Business or indusors ogley Reak Est			12. CITIZEN OF WHAT COUNTR
13.	FATHER'S NAME Henry Jones Ford		Bertha	Batory	
1S. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	Inknown	NFORMANT Vife Kathryn l	Address al Ford (same as al	
CATION	Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS	Ormany is lld in action CONTRIBUTING TO DEATH BUT	Sofficies When the term of th	The bent de	N IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES M NO [
CERTIFIC	20o. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW IN URY OCCURRE	D. (Enter notup of injury in	Port I or Port II of item 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day Year 20d. I Haur a. m. While p. m.	Not while for	ACE OF INJURY (Home, form	n, 20f. (City or town)	(County) (Stol
	21. I certify that (I) (this hospital) attends saw the second alive on July		1 010		that (I) (we) lo an the date stated above
	220. SIGNATURE Soular	nan	M.D. PHYS.	STAFF PHYS.	Jan 5, 80%
	22c. PHASCIANS A NAME (Type) George Buchana		22d. ADDRESS 4	Eyr Sh.N.	W. Wash. D.
	remation 23b. Date thereof 6/6/1961	23c. NAME OF CEMETERY O	Crematory	23d. LOCATION (City, town, or Prince Georg	ges Maryland
	FUNERAL DIRECTOR'S SIGNATURE Robert A. Pumphrey E	ADDRESS Bethesda, Mar	yland 250. REC	D BY REGISTRAR 1 256. REGIST	RAR'S SIGNATURE

TO HOSPITAL OR A IDING PHYSICIAN: The law requires that the death certificate be executed with a haurs offer days. Page 4 may be retained by facepital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with page 3 should be detached for use as the burial-transit permit. the State Board of Health priar ta burial, cremation, or remayal,

in any event, within 72 hours after death.

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VR A15 (4) 15M 9/59

1200 Cathodral S, colle, M. . . According to James - Bogley Reablest. 382 - 6662 CAUDIC BENEFIT Unknown The same of the same of the same of the Old machine it because the beautiful a beautiful to what a second of the Crementon #15/1961 Cedar Mill Cremenory Prince Secrees Maryland Hoberts Panapurcy Bethesds Maryings

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

The selection	Cocan		CERTIF	ICA	E OF DEATH	100		06	920	
o. COUNTY Montgo	mery	910	MARY	LAND	2. USUAL RESIDENCE (WHO STATE Pennsyl	vania	b. COUNTY	on: Residence	before admi	ssion)
	(If outside carporote liminearest tawn)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF o	outside corpo	rote limits, write R	URAL and give	e nearest tow	(n) >
d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in hospital, g	113	-		d. STREET ADDRESS 31 Evan		et		ON	SIDENCE A FARM?
NAME OF DECEASED	Fig		Middle		Last	4. DATE	Man	th	Day	Yeor
(Type or print)		Len	(K		Galderisi	DEATH	Jun		12,	19 6
Female	6. COLOR OR RACE White	7. MARRIE	DEVER MARRI		November 15.	1905	9. AGE (In years lost birthdoy) 55 yrs.	Months Do	ys Hours	T
Da. USUAL OCCUPAT during most of we Housew	orking life, even if retired	1	None	R INDUST	Pennsylv	or foreign co	ountry)	12. CITIZE	USA	COUNTRY
FATHER'S NAME				201	14. MOTHER'S MAIDEN	NAME	10			
George	Koballa				Mary	Hard	ly			
S. WAS DECEASED E	VER IN U. S. ARMED FOR	service)	OCIAL SECURITY NO		Clinical Ce					a
Canditions, if gave rise ta couse (o), statin lying couse las	immediate g the under-	and	pancreas.		Adrenals,				/ No was	AUTOR
PARL SI. C								TEN IN PART I	PERF	ORMED?
IF EITHER, NOTIL	WAS UNDERLYING GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Port I or Part	t II of item 1B.)			
20c. TIME OF INJI Haur o. m	1.	While	URY OCCURRED Nat while at wark	20e. PLA fact	CE OF INJURY (Home, form ory, street, affice bldg., etc	:.)		(Cou		(Stote
	nat (I) (this haspita ased alive an) attende	d the deceased 2, 19 61, and	fram	May 11, 19 eath occurred 2:15		June 12,			
22a. SIGNATURE	Stol	Bac	L	٨	ATTENDING M	ED.		6-12-6	1	2b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)		ach	M.D.		22d. ADDRESS The Institutes	of He		thesda	tiona 14, M	l arylı
3a. BURIAL, CREMAT REMOVAL (Specif Removal		F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	St. Joh	n,¹s	Cemetery	Hop		Pa.		ote)
FUNERAL DIRECTO	or's signature	Inc.	ADDRESS 4	Wash live.		D BY REGIST	RAR 25b. REGI	STRAR'S SIGN	AFORE	

h. Page 4 TO HOSPITAL OR A SDING PHYSICIAN: The law requires that the death certificate be executed with the hours ofter the may be retained by the state of t

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

6334	CERTIFICA	IE OF DEATH		00001
1. PLACE OF DEATH 0. COUNTY CONTEGORORY	MARYLAND	2. USUAL RESIDENCE (Whe o. STATE Maryland	ere deceased lived. If institution b. COUNTY	Montgomery
b. CITY OR TOWN (If outside corporate limits, wring RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corporate limits, write RUI	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give strong institution The Clinical Center	reet oddress)	d. STREET ADDRESS 310 North	Van Buren Str	e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print) RUTH	Middle PAULINE	GENIES	4. DATE Month OF DEATH June	(-
	MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH September 14,	4 4 4 4 4 4 4	Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote o		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Reuben Dove		14. MOTHER'S MAIDEN NA		
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Not available Th		ical RecordAddre	
1B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if only, which	ardio-vasci	ular colla	pse	INTERVAL BETWEEN ONSET AND DEATH ONES ONES
gove rise to immediate couse (a), stating the under-lying couse lost.	Ideno carcin	oma of	the uteu	Several Months IN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	YES NO
Hour o.m.		ACE OF INJURY (Home, form, story, street, office bldg., etc.)		(County) (State)
	tended the deceosed from 19 61, and that d		61 to June 13,	
David J. Crau	ford m D:		RECTOR PHYS.	6/13/61 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) David T. Ca	rawford, M.D.	The second secon	Clinical Cente	er, National

BURIAL CREMATION, 23b DATE THEREOF 6/17/61 24. FUNERAL DIRECTOR'S SIGNATURE

23c. NAME OF CEMETERY OR CREMATORY Lincoln Park.

23d. LOCATION (City, town, or county)
Rockville, Md. (Stote)

Rookville, Mi.

250. REC'D BY REGISTRAR DATE

25b. REGISTRAR'S SIGNATURE arthur S. Kraus



VR A1S (4) 1SM 9/59

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THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

06922

Montgomery

CERTIFICATE OF DEATH directar, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Montgomery filed b. COUNTY Maryland MARYLAND the funeral b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) shauld be c. LENGTH OF STAY IN 15 Silver Spring Silver Spring d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS 903 Malcolm Drive 24 903 Maleolm Drive and .⊆ 4. DATE OF DEATH NAME OF DECEASED ed Pages 1 death. (Type or print) 9. AGE (In years letely S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 00 last birthdoy) after Male White DIVORCED | 2-19-1880 WIDOWED [papers. compl 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) hours Retired U.S.N. Air Stat Shelby County, pup pou 72 13. MERITARIA Fathers name physician within Elizabeth Caplinger John Geoghegan remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Claude Geoghegan attending NO pleose any 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) the pup DUE TO ed apteroscleroses by permit. remaval, Canditions, if ony, which been signed gove rise to immediate DUE TO couse (a), stating the under**buriol-transit** lying couse last. Б PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, 0 0 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.) certificate as the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year 20d INTURY OCCURRED 5 foctory, street, office bldg., etc.) use Haur o. m While Not while this p ot work at work haspital page 3 should be detoched for the State Board of Health priar After nene 21. I certify that (1) (this haspited) attended the deceased fram. saw the deceased alive an , and that death accurred at FUNERAL DIRECTOR V 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. 0 DIRECTOR [M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 60 A. Fitzgerald Bernard 6 23g. BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Silver the Buria Gate 6-20-196 0 ADDRESS 24, FUNTRAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR

VR A15 (4) 15M 9/59

PHYSICIAN: The law requires that the death certificate be

S. A.

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

Doys

e. IS RESIDENCE ON A FARM?

YES NO X

Year

19 6

Same as INTERVAL BETWEEN ONSET AND DEATH

Months

PERFORMED? YES NO

(State)

(County) (State)

M, fram the causes and on the date stated above 22b. DATE SIGNED

23d. LOCATION (City, town, or county)

25b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06923

		LACE OF DEATH	ery		MARYLAND	2. USUAL RESIDENCE (V	Where deceased nd.	l lived. If institut b. COUNTY	ion: Residence bel	fore admission)
	ŀ	CITY OR TOWN (I RURAL ond give ne Olney	f outside corporate limit corest town)	s, write c.	LENGTH OF STAY IN 16	Gaithersb		rote limits, write	RURAL ond give n	earest town)
73		OR INSTITUTION	AL (If not in hospital, g		ress)	d. STREET ADDRESS		ox 3		e. IS RESIDENCE ON A FARM? YES NO
	3. 1	NAME OF DECEASED Type or print)	Fire ERNES	st	Middle DIONISUS	last GLOYD	4. DATE OF DEATH	мо	nth C	Pay Year 19 61
)	5. 9	EX M	6. COLOR OR RACE	7. MARRIED WIDOWED [NEVER MARRIED	8. DATE OF BIRTH 8/12/88		9. AGE (In years last birthday) 72 yrs	Months Days	R IF UNDER 24 HRS Hours Min.
	i	during most of work	ing life, even if retired)		D OF BUSINESS OR INDI	JSTRY 11. 8IRTHPLACE (Sto	and	ountry)	12. CITIZEN C	A.
	13.	FATHER'S NAME	A. Gloyd			14. MOTHER'S MAIDEN		ts		
		WAS DECEASED EVE	R IN U. S. ARMED FOR			INFORMANT LOSPITAL reco		1123	dress	
			TH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o'	72/	śr (a), f	BILATERAL	Browc	hobNEV	MONIA	TERVAL BETWEEN NSET AND DEATH
		Canditions, if a	ny, which) (b)		CANDIAL	INFAR	etion	(OLD))	ج ج
		couse (o), stoting lying cause lost.)						
	CATION	•		DITIONS CON	TRIBUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1(a)	19. WAS AUTOPS PERFORMED? YES NO
2	CERTIF	20a. ACL CENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIE	E HOW INJURY OCCURR	ED. (Enter noture of injury i	in Part I or Por	t II of item 18.)		
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		LACE OF INJURY (Home, for octory, street, office bldg.,		or town)	(County	y) (Stote
1		saw the acceas		attended	the deceased fram	death accurred at 7:				that (I) (we) la te stated abav
		22c. PHYSICIAN'S	3 Odm	yan	~	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNE
		NAME (Type)			NT, M. D.	SA	NDY SPR	ING, MAI		
	230	SUN (Specific	6-5-	6/ 2	3c. NAME OF CEMETERY	e	Jan Jan	lturs	being (RAGINI
Be	24.	FUNTER L'OIRECTOR	SIGNATURE	cr	Gerthe	rabupa 350. RE	C'D 8Y REGIST	RAR 25b. REG	STRAR'S SIGNAT	URE _

TO HOSPITAL OR may be retained TO FUNERAL DIRECTOR VR A15 (4) 15M 9/59 -admittal advantation sergows Instituted

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 TOWN (O outside corporate limits, write RURAL and give nearest town) filled in by the Pages 1 and after . IS RESIDENCE ON A FARMI YES NO Middle DETE Year DECEASED (Type or print) DEATH 1961 carbon 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED USUAL OCCUPATION Give kind of work a during most of working life, even if retired physician ove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? (County & State, or foreign country) please 14. MOTHER'S death attending 15. WAS DECEASED EVER IN'U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. moval, (Yes, no, or unkown) | (Ifyes give war or dates of service) the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ģ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? certifica NO TH 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH this (IF EITHER, NOTIFY MEDICAL EXAMINER After 20d. INJURY OCCURRED | 2De, PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. | certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 page with t 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, be filed 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) WASHINGTON CEMETER 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Children S. Thous 15M 9/60

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NAME OF DECEASED (Type or print) S. SEX Male the death certificate be executed 13. FATHER'S NAME DING PHYSICIAN: The law requires that WEDI ACTUAL SIGNATURE may be retaine
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page 3 shauld
the registrar pri PHYSICIAN'S NAME (Type) 0 VS A15 (4) 1SM 9/SB

Reg. Dist. No. 06925 PLACE OF DEATH 2. USUAL RESIDENCE (When described lived of institution: Residence before odmission)
a. SIATE Carroll Mall Rest Mome Montgomery Washington, D. C. Kensington Md. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Lensongton Mde Washington. D. C. Six Years d. NAME OF HOSPITAL (I pot in hospital, aims street address)
OR INSTITUTION CAPTOITI HALL Rest Home d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carroll Place 5620 Colorado Ave N. W. YES NO 4. DATE First Middle Day Year Edward. C DEATH Famin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years lost buthdoy) Manths Doys White WIDOWED DA DIVORCED | Dec 1876 /85/ yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) Electric Bussiness Washington D. C. Electrician T. S. A 14. MOTHER'S MAIDEN NAME Jonathan Wisd Agnes INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address 816 Randolph Street N. W. 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: VHROMBOSIS IMMEDIATE CAUSE (o DUE TO ENTIAL HYPERTENSION Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? YES NO 7 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. While Not while of work of work 21. I certify that I attended the deceased from MARCH 13, 1956, to JUNE 10, 1961, that I last saw the deceased alive an JUNG 10 19_6_, and that death accurred at \$1.200M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) Specify) Mt. Olivet Cem June/13, 1961 Washington, D. C. 23. FUMERAL DIRECTOR'S SIGNATUR **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 4 '61 5732 Ga. Ave N. Runtemann & Son Outling 8 4.

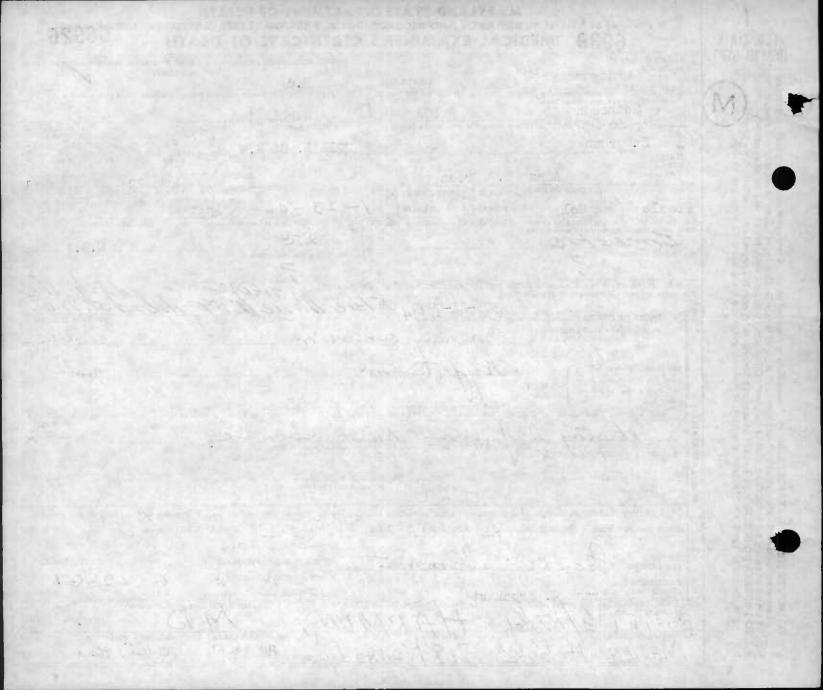
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FOR STATE HEALTH DEP TO DEPUTY ME. AL. EXAMINER: This certificate should be executed within 24 hours after deal any delay is necessary, please execute the cartificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Activation or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARXLAND, 6939 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	dence before admission)
	a. COUNTY Montgomery MARYLAND	a, STATE b, COUNTY	/
1)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Bethesda DOA	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest fown)
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	Washington d. STREET ADDRESS	e. IS RESIDENCE
D		47 V - 3	ON A FARM?
1	7 Suburban	2211 L. St N.W	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month D	ay Year
	(Type or print) Anna E. Green	DEATH June 12	19 67
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	
	Female Col WIDOWED DIVORCED	1-23-06 Sast birthday) Months Day	s Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life; even if relired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN	U.S.A
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.00.8
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 578-44-0977	INFORMANT Aleige Address	st. n.w.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH
	4201 DUE TO P 1 + -		au-
	Conditions, if any, which (b) Augustian (b) Augustian (b) Augustian (b) Augustian (b) Augustian (b) Augustian (c)	2	years
	(a), stating the underlying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO THE STATE OF THE	a. h allerand	PERFORMED?
7		Enter nature of injury in Part I or Part II of item 18.)	
9	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Home, farm, ' 20f, (City or town) (County) tory, street, office bldg., etc.)	(State)
	Hour a.m. p.m. 19 While Not While at work at work		
	21. I certify that I took charge of the remains described above, he	eld an Autopsy 🔲, Inspection 🔀 Inquiry 🔀, a	nd in my opinion
0	death resulted from: Natural causes . Accident ., Suic	ide, Homicide, Undetermined manner	
d	1 . A A	CHIEF MEDICAL EXAMINER	
	SIGNATURE Frank J. Bunhait		DATE SIGNED
	EXAMINER'S NAME (Type) Frank I Brochowt	DEPUTY MEDICAL EXAMINER A	2-61
	228. BURIAL, CREMATION, 225. DATE THEREO 22c. NAME OF CEMETERY O	Address (Street, city, town, or county) R CREMATORY 22d. LOCATION (City, town, or country)	(State)
	BURIA 6/17/61 HARM	MONY MID	
	23. FUNERAL DIRECTOR H. BOV 719 KON.	No. dv Date JUN 16'61 246. REGISTRAR'S SIGN.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6941 **CERTIFICATE OF DEATH**

06928 Reg. Dist. No.

OR INSTITUTION TIOP Radnor Rd. TIOP Radnor Rd. TIOP Radnor Rd. THELEN HELDER HELDER HELDER HELDER HELDER PASE (In year III UNDER YEAR) Female White WIDOWED DIVORCED DEOR BETH Dec 8, 1912 100. USUAL OCCUPATION (Give kind of work dame) 100. KIND OF BUSINESS OR INDUSTRY 11. BRITHPLACE (Stote or foreign country) 12. CITIZEN OF WH. Dec 8, 1912 15. MASS DECEASEDEVER IN U. S. ARMED FORCES? 15. SOCIAL ACCUPITY NO. 17. NATURE AND IN MAME 14. MOTHER'S MADEN NAME 14. MOTHER'S MADEN NAME 15. MASS DECEASEDEVER IN U. S. ARMED FORCES? 15. SOCIAL ACCUPITY NO. 17. NATURE NAME 18. CAUSE OF DEATH Enter only one couse get fing for (o), (b), off) (c). FART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH Enter only one couse get fing for (o), (b), off) (c). FART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH Enter only one couse get fing for (o), (b), off) (c). FART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH Enter only one couse get fing for (o), (b), off) (c). 19. OFF) (c), off) (c), one couse get fing for (o), (b), off) (c). 19. OFF) (c), one couse get fing for (o), (b), off) (c), one couse get fing for (o), (b), off) (c), one couse get fing for (o), (b), off) (c), one couse get fing for (o), (b), off) (c), one couse get fing for (o), (b), off) (c), one couse get fing for (o), (b), off) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse (o), stoting the under 19. OFF) (c), one couse get fing for (o), (b), off) (c), one couse (o), stoting the under 19. OFF) (c), one couse get fing for (o), one couse get	
b. CITY OR TOWN (If outlide corporate limits, write RURAL and give nearest from RURAL and give nearest for RURAL And give n	imission)
Rethesda Md. d. NAME OF HOSPITAL (II not in hospitol, give street oddress) 7109 Rachor Rd. 7109 Rachor Rd. 10. ISREE ADRESS 10. SEE ADRESS 11. BATE OR AND COLOR OR AND COLOR OF THE STITLE OF T	town)
d. STREET ADDRESS 7109 Rachor Rd. 7109	
3. NAME OF DECRASED (Type or print) PETERN FIRST Middle HETDER 1. HETDER Anna Decrased (Type or print) HETDER S. EXX 6. COLOR OR RACE (Type or print) MIDDWED (Type or print) NO With the Window B (Type or print) NO WINDOWED (Type or prin	RESIDENCE ON A FARM?
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Pas U.S.A	
HOUSEWIFE 3. FAITHER'S NAME MI CHAEL Lebs 5. WAS DECEASED EVER IN U. S. ARMED FORCES? If ye, gov yor or date of terrical per line for (o). (b). offs (c).] PART I. DEATH WAS CAUSED BY: III. CAUSE OF DEATH [Enter only one course per line for (o). (b). offs (c).] PART I. DEATH WAS CAUSED BY: III. IMMEDIATE CAUSE (o) Lebs Conditions, if any, which gove rise to immediate course (o), stating the under lying course last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PER YES [The Contribution of the course	HAT COUNTRY
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ARTHOVAL (Specific) 6/19/6/	
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3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 93 7 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE THE DATE JUN 21 '61 CILLIN S. KNOWN	A

E - 42-2 1,840,0790

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6942 CERTIFICATE OF DEATH Reg. Dist. No directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTYON tgomery filed o. COUNTY MARYLAND Maryland Montgomery funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) RURAL and give nearest tawn) ural-Seneca Rural - Seneca the d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 12 p 2 Cermantown Rt. # 2 Germantown pue . = NAME OF Month filled DECEASED DEATH Pages (Type or print) S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED K NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years campletely last birthday) Months Female White WIDOWED DIVORCED | April 22,1884 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) Housewife Own Home Sweeden and carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician that the death certificate Wilamena Carolina John F. Loff mave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address None Mrs Chas. E. Clark-Item # attending within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO ASTICA þ permit. Canditions, if any, which gove rise to immediate DUE TO OF STOM ACH couse (o), stoting the under-NOMA and lying couse lost. attending physician. burial-transit CATION 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or town) 50 USe foctory, street, office bldg., etc.) MEDI While Not while

INTERVAL BETWEEN ONSET AND DEATH ONTHS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO M (County) (Stote) at wark ot work 21. I certify that I attended the deceased from and that death accurred at 2:30 A.M., from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) John G. Fawcett 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 6/13/61 Darnestown Church Cem. Darnestown . Md . 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE yson Wheeler Funeral Home-1331 E. Montg. Ave. Rockville. Maryland DATE

e. IS RESIDENCE

Days

ON A FARM?

YES NO K

Year

1961

TO FUNERAL DIRECTOR: abod VS A15 (4) 1SM 9/SB

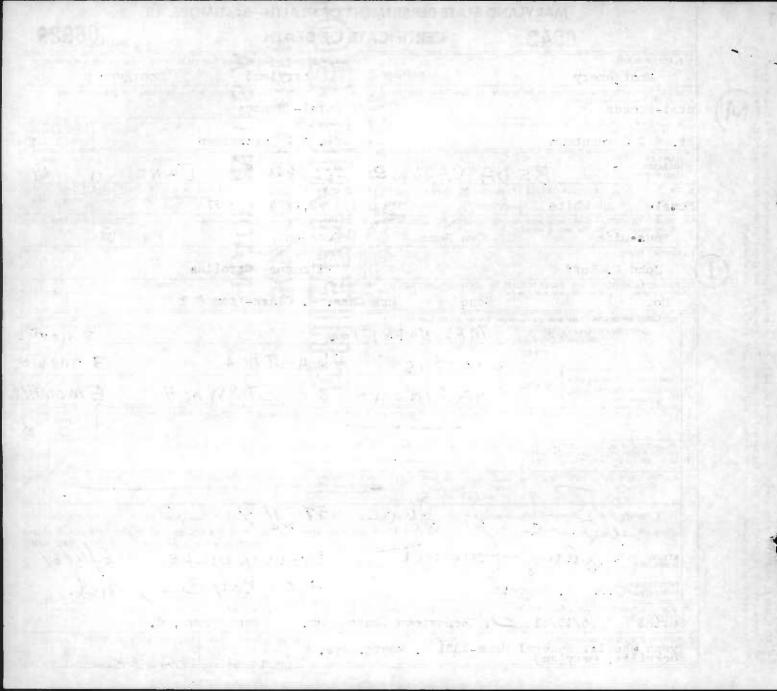
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shauld registrar

3

D



CERTIFICATE OF DEATH

06930

1. PLACE OF DEATH o. COUNTY MOS	ntgomery		MARYLA	AND 2.	usual Residenc	E (Where decease yland	ed lived. If institut b. COUNTY	ion: Resident	ce before ad	mission)
b. CITY OR TOWN RURAL and give Betherd	(If outside corporate lim nearest tawn)		LENGTH OF STAY IN 23 Days		c. CITY OR TOWN		porote limits, write F	RURAL and g	give nearest	lawn)
d. NAME OF HOSE OR INSTITUTION The Clini	cal Center,	Bethes	da 14, Md	•	P.O. Box				0	RESIDENCE N A FARM? S NO
3. NAME OF DECEASED (Type or print)	Elaine	rst	Marie Marie	He	ssey	4. DATE OF DEAT	Tarmo		Day	Year 19 61
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [WIDOWED		B. D.	ate of Birth	1946	9. AGE (In years birthday) yrs.	Months		Urs Min.
10a. USUAL OCCUPAT	TION (Give kind of work arking life, even if retired	dane 10b. KIND	O OF BUSINESS OR	INDUSTRY		(State ar fareign yland	country)	12. CITI	ZEN OF WH	AT COUNTRY
13. FATHER'S NAME Edwin	Hessey	STATE OF		1.	Gladys					
S. WAS DECEASED EV	VER IN U. S. ARMED FOR (If yes, give wor or dates of	(anivae)	None				Record Add		Marvla	and
	g the under-	DI ACU	PACRALI		HEMOUS		KEMIA		NSET A	mos
CATIC	THER SIGNIFICANT CON		TRIBUTING TO DEAT	TH BUT NO	RELATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PAR	PE	AS AUTOPS'
OR CONTRIBUTION	VAS UNDERLYING A NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (E	nter noture of inju	ıry in Port I or Po	ort II af item 1B.)			
ZOc. TIME OF INJI Haur a. m p. m	10	ar 20d. INJUR While at wark	Not while		OF INJURY (Home , street, office bldg		ity or town)	(0	County)	(State
	nat 🏞 (this haspita ased alive an Ju	l) attended ne 11			h accurred at		n the causes a	nd an the	e date sta	
22c. PHYSICIAN'S NAME (Type		. Hellm	an, M.D.	— м.D.			staff to dent tes Of He	er	/11/61 Bethe Mary]	seda 1
23a. BURIAL, CREMAT		of 23	Bethel		etery	23d. LOC	ATION (City, town, Chesape	7 00	ity,	(Stote) Md.
24. FUNERAL DIRECTO	NERAL HOME	Donal	ADDRESS In DuE1	kton	, Md . DAT	REC'D BY REGITE JUN 1 4		istrar's sic		

the funeral director shaule TO HOSPITAL OF KNDING PHYSICIAN: The law requires that the death certificate be executed with any be rehained by the spiral or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health prior to burial, crematian, or remaval, and in any event, within 72 haurs after death.

VR A1S (4) 15M 9/S9

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All solution of the contract o

s hospital or ottending physicion.

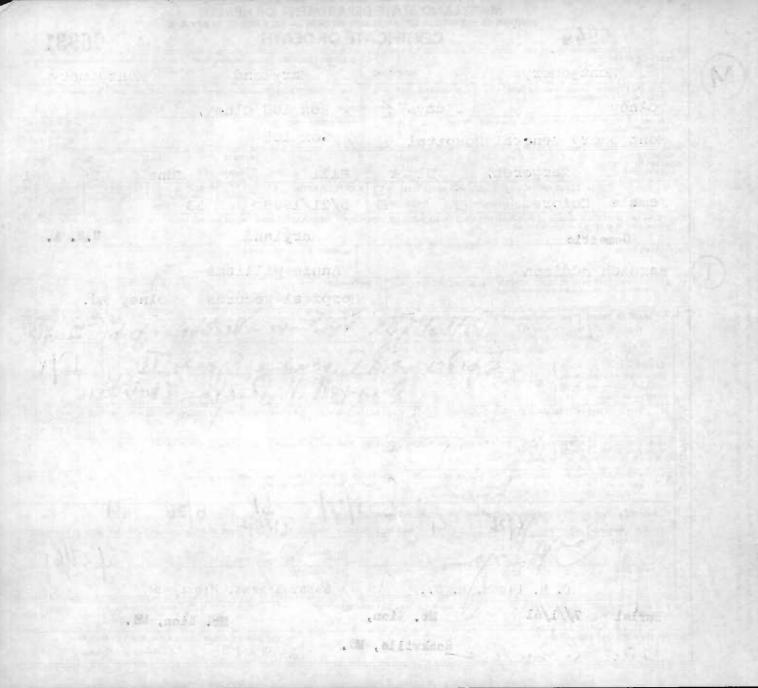
TO HOSPITAL Q

VR A1S (4) 1SM 9/S9

6944

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	. COUNTY MOI	ntgomery		MARYLAN		CTATE	Maryla		b. COUNTY				
E	CITY OR TOWN (III	autside carporate lim	its, write	c. LENGTH OF STAY IN 1	b	c. CITY OR	TOWN (If a	utside carpon	ate limits, write R	URAL and	give nec	arest taw	n)
	Olney	orest term)		5 days	1	(Box	108	Olne	У,				
(OR INSTITUTION	AL (If not in haspital, s	give street	address)		d. STREET	ADDRESS			- 5		e. IS RES	SIDENCE A FARM?
		ery Gener	al F	Hospital	1	Box	108						NO
	NAME OF	Fi	rst	Middle		Lo	ıst	4. DATE	Man	th	Da	ıv	Year
	Type ar print)	Margar	et.	Elgar	1	Hill		OF DEATH	June		26		1961
S. S	SEX			RIED NEVER MARRIED		ATE OF BIR	TH		9. AGE (In years				ER 24 HRS
	Female	Colored				5/21/	1908	2007	last birthday) 53 yrs.	Manths	Days	Haurs	Min.
10a.						11. BIRTHP		ar fareian ca		12.CIT	IZEN OF	WHAT	COUNTRY
)	KIND OF BUSINESS OR IN		M=	rylar	5.0				S. A	
13	FATHER'S NAME	8110			1,		S MAIDEN N				0.	~	•
15	Messiah	Addison R IN U. S. ARMED FOR	oren la	COCIAL CECURITY NO. 12	7. INFOR		le Wil	Lllam	S Add				
		If yes, give war or dates of		SOCIAL SECURITY NO. 1			- 5 1 D	Sac and			5.11		
					174	SPL	tal Re	ECOLA	5 01	ney			
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	ige for (a), (b), and (c).]	7 2	Key?	mkr	- Veit	· sussdess	put	INTE	AND	TEATH TEATH
	Canditians, if a	DUE TO	E	pigerma	26	ave	andre	9,	rade I	Ī		14	Y
	gave rise to in cause (a), stating)	A. V			11	1 1	1	4 1		-	
	lying cause last.	ine under-)	12	ノイー	KERY	11	Cley	11	who	NO		
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED T	O THE TERMI	NAL DISEAS	CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS	AUTOPSY
CERTIFICATION	24 45512511				L				1			YES	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature	at injury in t	'art I ar Part	II at item 18.)				
MEDICAL	20c, TIME OF INJUR Haur a.m. p. m.	Y Manth, Day, Ye	While				(Hame, farm, ce bldg., etc.		or tawn)	(County)		(State)
	21. I certify tha	t (I) (this haspita	l) attend	ded the deceased fra	m.	1	16	, .ta	6/26	19		at (I) ((we) last
	saw the deceas	ed alive an	151	1951, and the	at deat	h accurre	ed a	M fram	the causes an	d an the	e date	stated	abave.
	22a. SIGNATURE	The last									. 1	22	b. DATE
		/ H	S		M.D.	PHYS.		ED.	STAFF PHYS.		1/2	716	SIGNED
	22c. PHYSICIAN'S NAME (Type)	14	1			22d. ADDI	RESS			- 12			1
	NAME (Type)	C. H. L	IGON	. M. D.,		SAN	DY SPR	RIING, I	MARYLAND				1
23a.	BURIAL, CREMATIO	7//1/61	OF .	21c. NAME OF CEMETER	Y OR CR			23d. LOCAT	ION (City, tawn,			(Stai	te)
24	FUNERAL DIRECTOR	S SIGNATURE D		ADDRESS			25g PECT	BY REGISTI		STRAR'S SI	GNATH	RF	
	Reliet	- L. Sun	od,	Rockville	, Md	•	DATEJUN	3 0 '61	Ont	hur S.	4 -		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6945

CERTIFICATE OF DEATH

Reg. Dist. No. 06932

1, PLACE OF DEATH o. COUNTY MONTGOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kensington	4/ Kensington
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Carroll Hall Sanitarium	9709 E. Bexhill Dr. YES NO TX
3. NAME OF DECEASED (Type or print) MIChael First Middle	4. DATE OF Month Day Year OF DEATH JUNE 17 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years IF UNDER 1 YEAR IF UNDER 24 HRS. In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UND
Male White WIDOWED ☑ DIVORCED ☐	Sept. 2, 1880 80 yrs. Months pops Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) Fireman -Retired	London, England Naturalized.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Holland	Margaret Sullivan
IYes no or unknown) . Iff we give mor or dotte of survival	NFORMANT Daughter Address
(Yes, go, or unknown) (If yes, give wor or dates of service) Unknown M1	rs. Howard H.Cork Same as Item #2
Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. Conditions, if any, which (b) Coronary DUE TO Coronary CC CC CORONARY	insoficiency
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT OF PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY OF THE PROPERTY OF THE PART 1(6) 19. WAS AUTOPSY OF
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for While of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from. 12/2	7_, 1960, to propert 19, that I last saw the deceased
4 /4 4/	occurred at £12AM, from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE STANDS SMILLOWN	M.D. 8805 COMP. ANR. C/17K1
PHYSICIAN'S JOHN B. UMHAU	Chan Chose 15 MM
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial-transit 6-17-61 Holy Cross	s Cemetery Yeadon, Penna.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
ROBERT A. PUMPHREY Bethesda, Mo	d. DATE JUN 21 '61 Circling S. Krouns

Poges 1 and 2 shauld be filed with TO HOSPITAL OTTENDING PHYSICIAN: The law requires that the death certificate be executed may be retain he haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers, the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

oth: Page 4

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way Fride weakage	
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demonstration of the property	to an income of the second of
Manager and Committee and Comm	Springer of the state of the st

TO HOSPITA & ATTENDING PHYSICIAN: The law requires that the death certificate secured within the formula per retained by the hospital or attending physician.

TO FUNERAL DESCROR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 33

CERTIFICATE OF DEATH

1	1. PLACE OF DEATH a. COUNTY			E (Where deceased lived, If institution	on: Residence before admission)
	Montgomery	MARYLAND	Maryland	Prince G	Aorga
	b. CITY OR TOWN (if outside corporate limits, c. LEN	GTH OF STAY IN 16		f outside corporate limits, write RURAL	
	write RURAL end give neeres town) Bethesda (Rural)	days	Trunk the and 22		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give		d. STREET ADDRESS	е	e. IS RESIDENCE
7	U. S. Naval Hospital	311001 0001033,	6807 Rando	lph St. / /4/	ON A FARM? YES NOT
	3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
	(Tunn or mint)	Henry	HOOPER	of DEATH June	9 19 61
	E CEV LA COLOR OR SACEL		DATE OF BIRTH	9. AGE (In yeers IF UND	ER 1 YEAR IF UNDER 24 HRS.
	Male Caucasian WIDOWED X	DIVORCED [2-20-00	last birthdey Month	s Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
	Fireman D.C. Fir	e Dept.	Washing	ton, D. C.	USA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
	William H. HOOPER		Rosa REECE		
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	SECURITY NO. 17. I	NFORMANT	Address	
	Yes WWI 577-46	-7333 (S)	Raymond E.	Hooper, same as #	2 above
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxi	a			ONOLI AND DEATH
	DUE TO				
		ia and Chr	onic Emphyser	na.	
	gave rise to Immediate ceuse (e), stating the underlying DUE TO				
	cause last. (c)				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	IG TO DEATH BUT NO	T RELATED TO THE TERMIN	HAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES XX NO
	20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HO	W INJURY OCCURED	. (Enter neture of injury in F	Part I or Pert II of itam 18.)	1 466
\$					
	W at week at		CE OF INJURY (Homa, ferm ory, street, office bldg., atc.		(County) (State)
			Tuno 2	in Time 0	10 67 11 1 18 1
	21. I certify that (1) (this hospital) attended the	deceased from	1:	05PM 10	19
	saw the deceased alive onJune 91	9.O.L., and that	death occured at	M, from the causes and c	
	22e. SIGNATURE			AED STAFF	22b. DATE SIGNED
	D not	M		IRECTOR PHYS.	6-9-61
	PAUL G. TINAWEAVER,		U. S. Nav	al Hospital, Beth	esda, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. N	AME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or co	ounty) (State)
	Burial (Specify) 6-13-61 Arl	ington Nat	ional	Arlington	Virginia
	24 FUNERAL DIRECTOR'S AGNATURE	ADDRESS	25a. REC	'D BY REGISTRAR 25b. REGISTRAI	R'S SIGNATURE
	Mattingly Funeral Home, 131 11t	h St., SE.W	ashDC DATEUN	13 '61 ariling	8. Kines

M. Moregorett Daniel (Amel)

Oleanar Dept. J.C. Throughout

I . J. House Laverine . W.

PRODUCT IN MALLERY

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Manufather D. C.

Yes WII "577-46-1333 (S) Raynons I. Hoctor, meno no S above

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PAGE C. ALIEWS VAR, P. 20, 188 U. S. Mayer, Auroivel. Revolution, 181.

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VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 06934

1. PLACE OF DEAT	H		2. USUAL RESIDEN	ICE (Where daces	sed lived, If i	institution: Raside	nce before edmission
e. COUNTY	Montgomery	MARYLAND	e, STATE		b. COUN	TY	
b. CITY OR TOWN	(if outside corporate limits,	c. LENGTH OF STAY IN 1b	Maryland c. CITY OR TOWN	(If outside corpore)	te limits, write	RURAL and give	neerest town)
Bethesda (d give nearest town))ı dorra				SVA	1 .4.
	TAL OR INSTITUTION (if not in ho	4 days	Baltimore				e. IS RESIDENCE
		spilet, give street address)	G. STREET ADDRESS				ON A FARM?
U. S. Nava			3906 Glen		i	4.600	YES NO X
. NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey	Yeer
(Type or print)	Michael	Joseph	HOPKINS	DEATH	June	8	19 61
S. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED X 8	. DATE OF BIRTH			IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Caucasian WIDOW		11-18-59	le	st birthdey) yrs.	Months Deys	Hours Min.
Oa. USUAL OCCUPAT	ION (Give kind of work 10b,	KIND OF BUSINESS OR INDUSTR		inty & Stete, or fore		12. CITIZEN C	OF WHAT COUNTRY
done during most of wo	orking life, even if retired)				,,		
3. FATHER'S NAME			Marylan			USA	
3. PATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
	lman HOPKINS		Patricia H	elen FEE	HLEY		
5. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. 1	NFORMANT		Address		
No	11 / 03 g 1 / 0 W 01 01 0 0 10 3 0 1 3 0 1 4 1 (0)	None (F)	Kenneth G.	Honkins.	same s	as #2 ab	ove
	DEATH [Enter only one ceuse per	Pt C- (-) (b) - 2 () 1				1 10 1	INCOSE A BENLAUGH
	H WAS CAUSED BY:	+ Oblacent	11		. 7	i. 6 0.	NSET AND DEATH
701	IMMEDIATE CAUSE (+) CON C	Jennie Heurs	recure 1 2	myce N	uu.	1	
124	DUE TO	+ 1 +		0 0	4	1	11
Conditions, if any	(0)	ent duchio a	liseane (se	ed prien	une x	neuer	eury,
geve rise to immed (a), stating the u	DUIT TO					100	
couse lest.	(c) True	execution of 3	nut verel	7)			
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	EN IN PART 1(a)	
							PERFORMED?
PART II. OTHE	'AS UNDERLYING [] 20b. DE	SCRIBE HOW INJURY OCCURED	/E-ton -otuno of injume in	Part Las Dart II of	26n 10 3		LES X NO 1
OR CONTRIBUTING	CAUSE OF DEATH	SCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	ran for ren il or	Iram Io.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJU			CE OF INJURY (Home, fer ory, street, office bldg., et		town)	(County)	(Stata)
Hour a.m.	19 at wo		ory, shoot, office brag., or	.,			
-	that (1) (this hospital) atter	adad the deserted from	June 4	1067 40	Tune 8	1067	that (N) (we) las
	sed alive onJune	19	death occured af	M, from th	ne causes a	and on the d	_
220. SIGNATURE	5 man Alla	Men	ATTENDING	MED.	STAFF		22b. DATE SIGNEI
A	Mackey	withen "		DIRECTOR	PHYS.		6-9-61
22c. PHYSICIAN'S			22d. ADDRESS				
	J. E. MC CLENAT	HAN, CDR, MC, US	SN U.S. N	aval Hos	pital,	Bethesda	a, Md.
3a. BURIAL, CREMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	ON (City, tow	n or county)	(Steta)
REMOVAL (Specify)	6-12-61	New Cathedral	Cemetery	Baltin	nore	Mar	vland
24 FUNERAL DIRECTOR	r's signature Ruck Funeral Hom	ADDRESSBaltimo		C'D BY REGISTRA		HISTRAR'S SIGNA	

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VR A15 (4) 15M 9/60

DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) e. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle DATE DECEASED DEATH (Type or print) 19 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Hours WIDOWED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) 13. FATHER'S NAME (Yes, no, or unkown) | (Ifyesgive weror detes of service INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO geve rise to Immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION PERFORMER?

20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (State) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work at work saw the deceased alive on..... 22b. DATE 22e. SIGNATURE SIGNED PHYS. 22d. ADDRES NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, 23b. DATE THEREOF Family Cemetery 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATURE DATE 111N 2 0 '61

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director. Page or your files.

or your Board

'in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page

permit. File pages | any event within

Chief Medical Examiner's Office along with age 3 should be used as a burial-transit permit burial, cremation, or removal, and in any "pending"

ificate, writing the word

EXAMINER:

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
	6949 MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	06936
	1. PLACE OF DEATH 8. COUNTY MENTGOTHER MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If institution: a. STATE b. COUNTY	Residence before admission)
	b. CITY OR TOWN if outside proporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL e.	47X
-	Jarland NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) Jarland Name of First Middle A	1225 Missouri Cu	ON A FARM?
	DECEASED (Type or print) Darce	DATE OF DEATH DATE OF DEATH DATE OF BIRTH 19. AGE on coars HE UNDER	196/ 196/ 1 YEAR IF UNDER 24 HRS.
1	WIDOWED DIVORCED	5-1-1881 State Sint dey) Months	Days Hours Min.
	do olduring most of working life, even if refired) 13. FAMER'S NAME		U.S. C
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, 1	Daa Mary	
	(Yes, no, or unknown) (If yes give were detes of service) unknown: 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	lursing Home Record	h (A) TPD (A) A P T (A)
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	y failure	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gave risa to immediate causa (a), stating the undarlying cause lest.	culu accident	2 who
	PART JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(e) 19. WAS AUTOPSY

208. EXTERNAL CAUSE WAS
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.

PERFORMED? NO

CERTIFICATI MEDICAL 20c. TIME OF INJURY

Month, Day, Year

2Dd. INJURY OCCURRED Not While at work et work

20e. PLACE OF INJURY (Home, ferm, factory, street, office bldg., atc.)

20f. (City or town)

(County)

(State)

death resulted from:

21. I certify that I took charge of the remains described above, held an Autopsy Natural causes

Suicide Homicide

Inspection Inquiry X Undetermined manner

and in my opinion

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

DEPUTY MEDICAL EXAMINER

DATE SIGNED

EXAMINER'S NAME (Typa)

228. BURIAL, CREMATION, 6/2/1961

Address (Straet, city, town, or county) 22d. LOCATION (City, town, or country)

(State)

Burial 23. FUNERAL DIRECTOR

REMOVAL (Specify)

Nat1.

Capital Hebrew Cem. D.C. 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE

Goldberg Funeral Home

4217 9th Street N.W.

DATEJUN 5

archur S. Kraus

VS. A15ME SM 9/60

ease execute the Carlificate, writing should be forwarded to the Chiar FUNERAL DIRECTOR: Page

designated agent, prior

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Mind of the many of the market mil 19-1-3- Karaman Amerikan Edit (XIII) nester if the end of the contract Hebrard Section 1995 Toldberg Russal Head Will St. Street N. Commission of the Commissi MARYLAND STATE DEPARTMENT OF HEALTH

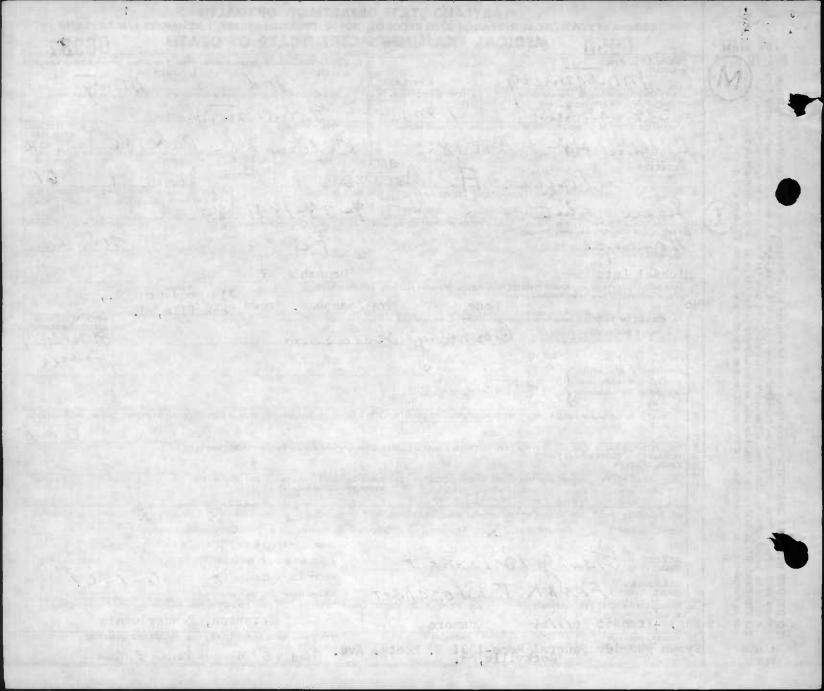
	MAKI	LAND STATE D	EPARIMENT OF	r nealin	
Division of STATIS	STICAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
0000	MEDICAL	EY A MINED'C	CEPTIEICATE	OF DEATH	0000

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	fora admission)
o. COUNTY Montgomery MARYLAND 6. STATE Med 6. COUNTY MARYLAND	
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nare.	it town)
will RURAL and give fearast jown)	
Termentown 1 mo X Jeruentown	IC DECIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e.	IS RESIDENCE ON A FARM?
Calling Rd- Bot 186 Calling Rd - But 186 VE	S NO W
3. NAME OF First Middle JACOB Last 4. DATE Month Day	Yaar
(Type or print)	10 6/
	NDER 24 HRS.
las bifthday) Months Days Ho	
flevele white WIDOWED DIVONEED 7-28-1871 89 415.	
109 USUAL OCCUPATION (Give kind of work days and if retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WH	AT COUNTRY?
Romeinge Pa M-S	-9
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
Michael Lutz Hannah ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyasgivawarordatasofservice) None Mrs. Joseph G. Brown	
Rockyl Le. Nd.	I DETIMENT
DART I DEATH WAS CALISED BY	L BETWEEN
IMMEDIATE CAUSE (a) Coronary Occlusion Stee	of dust
420:1 DUE TO	41
Conditions, if any, which (b)	-
gave rise to immediate causa	
(a), stating the underlying	
couse lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. W	AC ALITORY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (a)	ERFORMED?
S YES	NO 🔀
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W YES 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 0	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Hour a.m. Whila Not While factory, street, office bldg., atc.) at work at work	(State)
Hour a.m. While Not While factory, street, office bldg., atc.)	
	ny opinion
death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
CHIEF MEDICAL EXAMINER	
SIGNATURE TRANS DATE M.D. ASSISTANT MEDICAL EXAMINER DATE	SIGNED
DEPUTY MEDICAL EXAMINER	1
NAME (Type) FLAWS J. BLOSCAZH Address (Street, city, town, or county)	
22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	-
REMOVAL (Spacify)	(Stata)
PUT - TERRET D///EL Dipmore OCAGILUII, FERRSVIVANIA	(State)
BurTransit 6/2/61 Dunmore Scranton, Pennsylvania	(State)
23. FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 E. Montg. Ave. ROCKVILLE, Md. ROCKVILLE	(State)

FOR STATE TO DEPUTY ME. AL EXAMINER: This certificate should be executed within 24 hours after of if any delay is necessary, please execute the children writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heaffing or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bayes after death. VS. AISME

5M 9/60



Item 18 Film 290 7-3-MARYEAN Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased livad, If institution: Rasidenca before admission) a. COUNTY 3 to the funeral director. Page, y be retained for your files. b. COUNTY is necessary, Bomery lont MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and ai b. CITY OR TOWN (if outside corporate limit write RURAL and give negret lown) c. LENGTH OF STAY IN 16 for your ö Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet a press) d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained he State B YES NO upus 3. NAME OF Middle DATE DECEASED OF Page 5 may be re 1 and 2 with the 72 hours after o (Typa or print) DEATH 19 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED ast birthday) Months WIDOWED DIVORCED should be executed within 24 hours after 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2
Office along with form PM3. Page dona during most of working life, even if retirad) ECITOR within 13. FATHER'S NAME Jane Salver 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | Yes SOCIAL SECURIT NO. 17. INFORMANT Addrass permit. 1 (Yas, no, or unkown) | (Ifyasgivawarordatasofservica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN Office along v burial-transit p .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and Spontanous thrombosis of pulmonary, coronary IMMEDIATE CAUSE (a) & cerebral arteries loval, DUE TO Thrombocytosis following splenectomy Conditions, if any, which "pending" gava rise to immediata cause 60 DUE TO (a), stating the undarlying as Examiner cause last. used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 9 YES NO Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 5 PRIMARY or CONTRIBUTING [3 sh writing to Chief / AL E. W. children to the Children to the Children 20e. PLACE OF INJURY (20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., atc.) Whila _Not While at work at work here 1961 prior ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | and in my opinion Inquiry Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER'S Broschank NAME (Typa) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) ₽40 p Parklawn Cemetery OL Burial Rockville Maryland 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR V5. A15ME Bethesda, Maryland Pumphrev JUN 2 2 '61 arthur S. Thous 5M 7/59 DATE

The solling Morrison 10 2 m. 1 20 0 19 Chief Chare Pert 8812 4700 Hent Frence x Subinbar Charles Salyer Terrings Terre Nov. 27, 1915 45 Male white Ed for US Hours will hapt Colorido 45.6. Charles Jennings Jane Salver Ver Pauline Jenning (wife) Sant June TO ALL AND TO ANY TO ANY THE REAL PROPERTY. Butlat | O/02/61 | Infoinsh (squitary | Ubal 11) | Usaryland

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION O	CERTIFICATE OF DEATH	06930
	2 HISHAL PESIDENCE (Where deceased lived	- V - V - V - V - V - V - V - V - V - V

	6952	
1. PLA	CE OF DEATH	

Warner E. Pumphrey

	15 U	< (3
Residence	before	admission)

25b. REGISTRAR'S SIGNATURE

Cirtimo E. House

250. REC'D BY REGISTRAR

1. PLACE OF DEAT o. COUNTY	NTGOMERY		MARYLAND	2. USUAL RESIDENCE (WE O. STATE MARYL		ed lived. If instituti b. COUNTY		ence befo		ion)
b. CITY OR TOW RURAL and gi	/N (If outside corporate lim ve nearest town) .NEY	its, write	c. LENGTH OF STAY IN 16	SILVE	R SPR		URAL one	give ne	arest town	1)
OR INSTITUTI	OSPITAL (If not in haspital), (ON GOMERY GEN			d. STREET ADDRESS	Goop	HOPE ROA	0			FARM?
3. NAME OF DECEASED (Type or print)	MARG	rst ARET	Middle REBECCA	JOHNSON	4. DATE OF DEATH	Mon JUNE	-	3,	,	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		7	-	ER 24 HRS
FEMALE	WHITE	WIDOWE	DIVORCED	4-10-82		79 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUP	ATION (Give kind of work warking life, even if retired	dane 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or foreign	country)	12.CI	TIZENO	F WHAT C	OUNTRY
Homemake			wn Home	MARYLAND				USA		
13. FATHER'S NAME				14. MOTHER'S MAIDEN						
Andrew Ta	ckson HAR	OING		Rebecca My	10.700					
1S. WAS DECEASED	EVER IN U. S. ARMED FOI	RCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT	yers	Add	ress			
Yes, no, ar unknown)	(If yes, give war or dates of		19-34-8156	HOSPITAL R	ECORD	S. OLNEY.	MAR	YIAN	n	
18. CAUSE OF	DEATH Enter only one co			TOUT THE T	LOOKO	J, JENET	· · · A	INT	ERVAL BE	
	DEATH WAS CAUSED BY:	40	UTE PERI	Invitic				ON	SET AND	DEATH
10	IMMEDIATE CAUSE (a)									
50	01	PFI	3 FDRATIS	NOF COM	1 110	0/ 1.00	T			
	o immediate	0) 1	1 - 1111111	TO UT COM	INIU.	000				
couse (o), sta lying couse I	ting the under-	Hy	PERTENS	IVE HEA	ART	DISM	SE			
PART II. VOIL VO	OTHER SIGNIFICANT COM	NDITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEA	SE CONDITION GIV	VEN IN PA	ART 1(a)	9. WAS PERFC YES	AUTOPSY PRMED?
	T WAS UNDERLYING TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Port 1 or Pa	rt II of item 18.)				
Haur o.	NJURY Month, Day, Ye . m. . m.	While		ACE OF INJURY (Home, farm actary, street, affice bldg., etc		y or town)		(County)		(State
21. I certify	that (I) (this haspita	l) attend	led the deceased fram!	10 DEC. 19	60,10	13 JUN	E_, 19_	6/, 11	nat (I) (we) las
	ceased alive an 13	Jun		death accurred at 111	M, fram	the causes ar	nd an tl	he date	stated	abave
22a. SIGNATUI	alu Bos	lev	Zeen les		ED.	STAFF PHYS.			61	SIGNE
22c. PHYSICIANAME (Ty	N'S	/	TAX	22d. ADDRESS	5316	113435	BY 5		1	176
		ZIEGL	ER, M. D.	OLA	EY, M	AR YLAND				
23a. BURIAL, CREM		OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	ATION (City, town,	ar county	}	(Stat	te)
Burial (Spe	6/16/61		Burtonsville	Union Cemetery	Burt	onsville	, Mor	tgon	ery,	Md.

Inc. 8434 Georgia Avenue

Silver Spring, Maryland DATE JUN 1 6 '61

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery filled in by the funeral director, page 3 should be detached far use os the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death.

JOING PHYSICIAN: The law requires that the death certificate be executed

TO HOSPITAL O

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Catherine and a		in takon ike	
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			Market Land
Dealer Medical	Carrier of Contract Contract		
THE STATE OF		STREET ST	
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	terrore - Lens Mil		Car 52 10 mg 10 10 12

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

OF 04.0

0333	00030
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission)
Nont gomena Maryland	o. STATE Maryland b. COUNTY Montgomery
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)
write RURAL and give nearest town. Takoma Park	Takoma Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
Washington San +. Hospital	6631 Eastern Ave 1 YES NO
3. NAME OF First MARIE	Lest 4. DATE Month Dey Yeer OF
(Type or print) Anna (NMN)	Jokumsen DEATH June 27, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Devs Hours Min.
remale White WIDOWED DIVORCED	12-10-72 88 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
Retired US, Postal Servi	ce Denmark U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mads Johumsen	Karen Maria Nelson
(Yes, pof or unkown) (Ifyes give wer or dates of service)	INFORMANT Address
NO	Hospital Records
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UREMIA	
443× DUE TO	
	CARDIOVASCULAR DISEASE
geve rise to immediate cause (e), stating the underlying DUE TO	
ceuse lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CONGESTIVE HEART P	PERFORMED? YES NO NO
TO ACCIDENT WAS LINDED VING TO 1 201 DESCRIBE HOW INTERN OCCURS	D. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH CITY CONTRIBUTING CAUSE OF DEATH CITY CITY	y (and had a high) had a control of had been any
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
	ACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	17 JUNE , 1961, to 23 JUNE, 1961, that (1) (we) last
saw the deceased alive on 26 JUNE 1961, and that	it death occured at
22a SIGNATURE	
Morrill C. Sunnan Jr.	M.D. ATTENDING MED. STAFF DIRECTOR PHYS. ATTENDING MED. STAFF
22c. PHYSICIAN'S NAME (Type) MORRILLI C. QUINNAM. JR	22d. ADDRESS 0 1 0 1 0 1 b. 0
	104 Devershird Koal Jakoma Park. Mil
23a. BURDAL, CREMATION, 23b. DATE THEREOF 230 NAME OF CEMETERY	
pinal pine 29, 1961 pelepund	emekey Washington D. O
24 JUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
V. When Talalling 254 Carrall IVI	CAN LA (DATEMIN 3 0 '61 COLOR

k-7,280 record from the Land And Amile Wash demend Muss agencies to Kepile! I to the Eastern Ave Thomas Sand Carlotte (200) - Sand 12-10-12 35 Fencile Statute County Reformed 113, Pe to I Service Dening of Charter Wilds Tollinsen haven Marken Melson Property Kingson mmadd Weille CHARGOTTANS IN CONTRACTORS AND MILES THE BENUAL AND MERCHANISM BANCO The same of the sa 17-65 3 The second of th 在中央中心方面在下的方面。1662年120日 1863年11日 I without the little south land the self with the self th

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

										VVX	
1. PLACE OF DEATH o. COUNTY	ontgomery		MARYI		USUAL RESIDI	ENCE (Whe		lived. If institut b. COUNTY		nce before o	
b. CITY OR TOWN RURAL ond give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY	N 1b	c. CITY OR TO		utside corpor	ote limits, write	RURAL ond	give nearest	town)
OR INSTITUTION	TAL (If not in hospitol, g uburban	ive street	oddress)		d, STREET AD	Rout	e #2				RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Fir Betty	st	Middle A •		Jones		4. DATE OF DEATH	мо		Doy	Year \ 1961
5. SEX Female	6. COLOR OR RACE	7. MARE	NEVER MARRIE		ATE OF BIRTH	2		9. AGE (In years lost birthday) 58 yrs	Months		UNDER 24 HRS.
10a. USUAL OCCUPATI during most of wo	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF Housewife	RINDUSTRY	11. BIRTHPLA	CE (State of	or foreign co	untry)	12. CI	TIZEN OF WH	HAT COUNTRY?
13. FATHER'S NAME	Ham	me t-	nd		4. MOTHER'S	MAIDEN N	4 ma	Hel	Hon		
1S. WAS DECEASEDEV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dales of s		SOCIAL SECURITY NO.	17. INFO	MANT C/4/	3,0	Tone	25 / 3	tress Zerke	As.	Abus
Conditions, if a gove rise to couse (o), stoting lying couse lost.	the under-		eveby	TH BUT NO	T RELATED TO	THETERMIN	VAL DISEASE	CONDITION G	VEN IN PA	.RT 1(o) 19. V	VAS AUTOPSY
20a. ACCIDENT W	AS UNDERLYING G CAUSE OF DEATH		CRIBE HOW INJURY OC							P	S NO
(IF EITHER, NOTIFY 20c. TIME OF INJU Hour o. m. p. m.	MEDICAL EXAMINER)	20d. II While of wor	Not while		OF INJURY (H			or town)		(County)	(Stote)
21. I certify the saw the deced 220. SIGNATURE	at W (this haspital) attend	\ / /		h accurred ATTENDING PHYS.	/	fram to	the causes a	3_, 19_, nd an th	-	(N (we) last ated above.
22c. PHYSICIAN'S NAME (Type)	H.C. W.	49	anzin	7	22d ADDRES		ish	rill Ro	/ /	Zoch.	welle
REMOVAL (Specify Burial	6/15/61	DF (23c. NAME OF CEME				Rocky		lontgo	omery.	(Stote)
Tyson Whee	eler Funeral	l Hom	ADDRESS RE 1331 E. N	iontg.	ATTO	25a. REC'D	IUN 19	61 25b. REG	er's .	IGNATURE	is

A CONTRACTOR OF THE PARTY

TO HOSPITAL OF VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

PLACE OF DEATH O. COUNTY	Montgomer	cy	MARYLAND			here decease	d lived. If institution b. COUNTY	on: Residenc	e befo	re admiss	ion)
RURAL ond give ne	orest town)	ts, write	c. LENGTH OF STAY IN 16					URAL ond g	ive nec	arest town	
OR INSTITUTION			oddress)			e Pl.	S.E.				FARM?
3. NAME OF DECEASED	MARYLAND O. STATE D. COUNTY MONTGOMETY MARYLAND O. STATE O. STATE O. STATE D. COUNTY MARYLAND O. STATE O.	Da		Year							
(Type or print)				19 61							
s. sex Female							last birthday)	1		Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b	. KIND OF BUSINESS OR INDU				ountry)	12. CITI2	ZEN OF	WHATC	OUNTRY
Retired			oarding Home		P	a.		7	USA	1	
3. FATHER'S NAME				14	MOTHER'S MAIDEN	NAME					100
Galush	a A. Peck				Susan	Mertz					
						1519			Vash	1. DO	3
gave rise to in couse (a), stating the lying cause lost. PART II. OTH L. drge 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	er significant con	iditions	contributing to death by	TNOT	RELATED TO THE TERM	MINAL DISEAS		'EN IN PART	T 1(a) 1	PERFO	AUTOPSY PRMED?
Hour a.m.		While	Nat while fo				y or town)	(C	County)		(Stote
saw the deceas 220. SIONATURE 22c. PHYSICIAN'S NAME (Type)	H R	ne 1	Stem and that	death	ATTENDING PHYS.	STA MAN	the causes an	1		stated	
23a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THERE	OF .	23c. NAME OF CEMETERY C			1000				(State	te)
	B 10	61(Wash	Good Hope Rd.,	SE	25a. REC	D BY REGIS	TRAR 25b. REGI				

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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 44

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
(M	a. COUNTY MARYLAND MARYLAND	a. STATE b. COUNTY
高小	b. CITY OR TOWN (if outside corporate Whits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
0 0	write RURAL and give nearest town)	1, · + > x ·
ter L	Takoma Park 30days	WashingTon
0 0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	WashingToN SaniTaRium and Hospitan	1868 Columbia Rd. N.W YES NO.
2 A	3. NAME OF First Middle	Last 4. DATE Month Day Year
de Z	(Type or print) O/a E/1zabeth	CLOST DEATH GUNE 3 1961
i i i		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
× ×	MARKIED NEVER MARKIED	last birthday) Months Days Hours Min.
3 +2	MIDOWED DIVORCED	7-14-86 74 yrs.
9 9 9	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
À.	housewife own home	Manufaud Amen.
9 -	13, FATHER'S NAME	14. MOTHER'S MAIDEN NAME
= .= p	14/11: E M a a :-	1 1 1
and	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
al,	(Yes, no, or unkown) (If yes give wer or dates of service)	11
် ်	NO 577-16-2933	Hospital Records.
	18. CAUSE OF DEATH [Enter only one cause for line for (a), (b), and [a);	INTERVAL BETWEEN ONSET AND DEATHO
ō	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CAROLICE TOUL	use (Could Weambensation) The
, no	743X DUE TO 0	Y A G
i i i	Control of the last of the las	Aulan-Royal Sinding Voisins
Le L	gave rise to immediate cause	Complete Surger
, e	(a), stating the undarlying DUE TO	_
buria	causa last. (c)	
2 0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	3 Vancoso releas - Right	Trees LOA YES NO NO
prior	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INTURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Party) or Part II of item 18.)
0	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	- V
Health Health	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
of T		ory, street, office bldg., etc.)
÷ 6		1000 1000 1000
e de	21. I certify that (I) (this hospital) attended the deceased from.	
State Dept.	saw the deceased alive on	death occurred at3.7M, from the causes and on the date stated above.
Sta	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED.
2 8	MILLIAN MADELALA M	DIRECTOR PHYS. PHYS.
£ 6	22c. Piyord for	22d. ADDRESS
23	NAME (TYPO) LYNWOOD HEIGES M.	2 6940 Cruen Branch Hd. n.W.
iled	23a, BURIAL, CHEMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City/14/16/ boding) / 15 (State)
direction of the contraction of	REMOVAL Specify / / // // Prospect His	
0.44		11 Cemetery Washington, D.C. h.D.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5 (4)	The S.H. Hines Co., 2901 14th St. N.	
60	1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	W. DATE JUN 5 '61 Chilur & Kinns

completely filled in by the funeral TO xecuted within

ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

The After this certificate has been signed by the attending physician and the beautificate as the hurrial transit court.

TO HOSPITE
death. Page 15M S

M. MONTECONELY CONTRACT OF CONTRACT OF CONTRACT We aware the second was a supplied West after Domine in a things that I to be the hand a took is me clost chara 3 Tax Dis Elizabeth 7-6-22-47-6 Housewell to Carly Roman - House and Proposed MELLER TERRES SE LECTURE LONGERINGS 577-26-2933 Teager T. Value energy andies failer of Could Hermite witer I Stay and the Cardio Handerless - Kennel I for some dealings Vanish when - light born leg The set of .O.S., pageldeav violence Little Spaceons Little Complete Litt The state for sold that are sold to see a second to see a second to second t

ours after TO HOSPITA

SATTENDING PHYSICIAN: The law requires that the death certificate

A death. Page

A death. Page

A retained by the hospital or attending physician.

Ye have been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6957 CERTIFICATE OF DEATH 06945

1	a. COUNTY;	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
1	mortaomery MARYLAND	a. STATE . b. COUNTY
	b. CITY OR TOWN (if outside corporate limits write RURAL and biye nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bethes da 7 i dus	Woshing lon 47x-3
/	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	Subushow Hospital	6641 32 Street nw YES NO RI
ı	3. NAME OF First Middle	Lest 4. DATE Month Day Year
	(Type or print) Avue Moltin	OF DEATH 10//
	5. SEX 6. COLOR OR RACE 7 MADDIED NEVER MADDIED	3. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	To the desired of the second o	G 1071 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST)	DEC / 18/11 89 yrs.
	done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	House Wite	Connecticul USA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Joseph MAIKIN	· Emity CAdy
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no pr unkown) (Ifyesgive war or dates of service) 3.	INFORMANT
		ames Wallace Joyce (SON) SAME AS MOOVE
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ear Traine 8 de
	420.1 DUE TO	0
	Conditions, if any, which \ (b)	I India de Salar
	gave rise to immediate cause	
	course last	
	16)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY
4	<u> </u>	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	PES NO PER NO PE
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CONCENTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
9		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	Hour a.m. WhileNot Whila tac	tory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on	death occured al
	22a. SIGNATURE	ATTENDINGMED STAFF 22b. DATE SIGNED
		I.D. PHYS. DIRECTOR PHYS. 1961
	22c. PHYSIGIAN'S NAME (Type)	22d. ADDRESS
1	R Raedy M.D	13701 Loland ST Chery Chare is Me
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	Cremation 6-20-61 Cedar Hill	Crematory Prince George Co., Md.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	ROBERT A. PUMPHREY Bethesda,	Md. DATE UN 2 2 '61 arthur S. Krous

Sinder the Recording remake white Joseph Malkin Property of the second See a Steineden S-20-62 Geder Hill Crematory Prince Coorse vo., Md. ZARRACIO LA BISEUS - CO OLLO

MARYLAND STATE DE		AND AND
6958 CERTIFICAT		6946
Clace of Death COUNTY You toom every MARYLAND	e. STATE D. C.	lance before edmission)
c. CITY OR TOWN (if outside corporate limits, write RURAN and give nearest town). A Koma Fark. 3days	c. CITY OR TOWN (If outside corporete limits, write RURAL end gi	ve neerest town)
NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Vashing ton San. + Hospital	4019 5th St. N. W	a. IS RESIDENCE ON A FARM?
NAME OF DECEASED Type or print) Tames Widdle Vi/Son	Kendall A. DATE Month OF DEATH June 2:	7 1961
1ale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	2-12-86 9. AGE (fn years IF UNDER 1 YE) AGE (fn years IF UNDER 1 YE) AGE (fn years IF U	
'USUAL OCCUPATION (Give kind of work e during most of working life, eyen if rejired) OTOY Maw - Street Car	,	5, A.
Buchanan Kendall	Isadora ; Brown	
, no, or unkown) (Ifyesgivewerordetesofservice)	argaret E. Kendall same 2-6	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	heart failure	ONSET AND DEATH
Conditions, if ony, which Due to Dealetts m	ellitus	10 gs
geve rise to immediate cause (a), stating the underlying ceusa lest. DUE TO (c) Augustussus	gn	10 gts.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIPUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING ☐ COURED OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter nature of injury in Part I or Part II of itam 18.)	
	ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)	(Stete)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on June 7		
22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE SIGNED

22d. ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Glenwood Cemetery
ADDRESS

S. H. Hines Co. Washington, D. C. DATEUN 29'61

LOCATION (City, town or county)

Comman S. Hours

Washington, D. C.
25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

death. Pag retained by the hospital or attending physician.

TO FUNERAL DINECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate

5.

10a dor 13.

15. (Ye

CERTIFICATION

MEDICAL

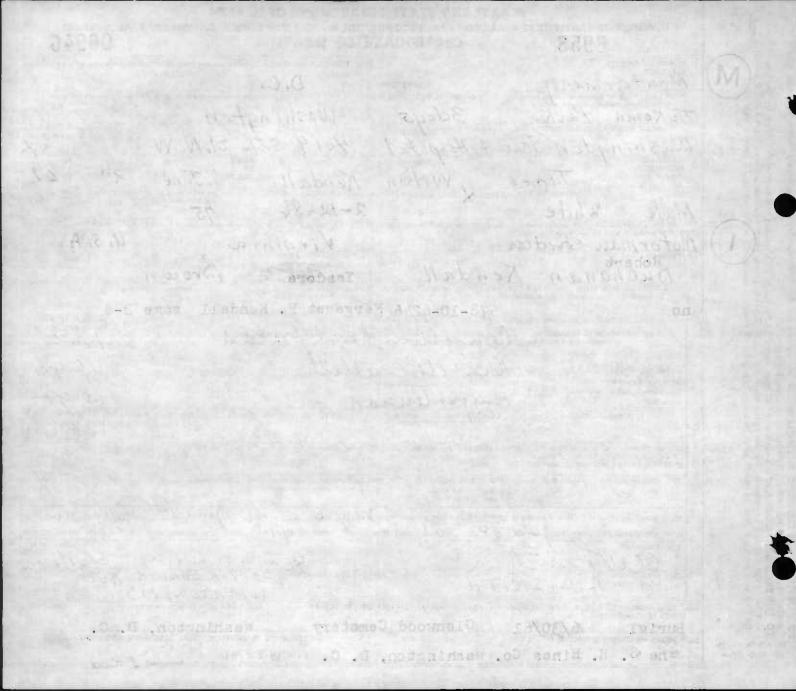
22c. PHYSICIAN'S NAME (Type)

230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

Burial 6/30/61

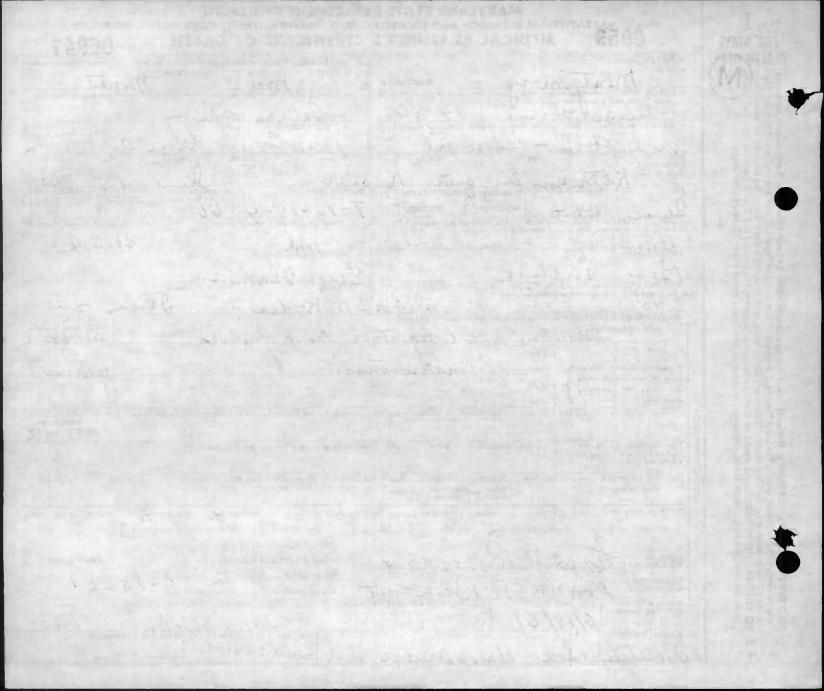
executed within

VR A15 (4) 15M 9/60



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH AFP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) e. COUNTY I director. Page or your files. b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits write RURAL and give papers town) c. LENGTH OF STAY IN 16 (If outside corporete limits, write RURAL and give seerest town) Board of B of d. NAME OF HOSPITAL OR INSTITUTION (if no in hospital, give street eddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? retained he State B YES NO NAME OF Middle DATE Month DECEASED the OF (Type or print) DEATH 1961 3 10 pe with ASE In years | IF UNDER I YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED DATE OF BIRTH 2 with Page 5 may stand 3 and 3 hay stand 2 with 172-hours irthdey) Months Devs WIDOWED DIVORCED PATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? duping most of working life, even if retired) pages I 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. IN (Yes, no, or unfown) (Ifyes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) should be s Office a burial-t DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY Medical Ex should be used PERFORMED? NO X 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. writing to Chief / 2 age to be 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) (State) factory, street, office bldg., etc.) While Not While the state et work et work should be forwarded to the FUNERAL DIRECTOR. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry / and in my opinion designated agent, death resulted from: Natural causes Accident Suicide | Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE X DEPUTY MEDICAL EXAMINER DEPUT EXAMINER'S NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 0 Q40 g 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Collins S. Thous 5M 9/60

YLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT TO DEPUT (AL EXAMINER: This certificate should be executed within 24 hours after the first plant as necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removal, end in eny event within 72 hours after death.

> VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 6960 MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06948

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	ence before edmission)
4	Montgomery Maryland	Maryland b. COUNTY Montg	omerv
	b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	
	writa RURAL end give neeres! town) Clarksburg	43 Clarksburg	
H	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS	e. IS RESIDENCE
1	Johnson Rd.	Johnson Rd.	YES NO TO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month De	
7	72	Ging OF June 23	19 61
		. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA	R IF UNDER 24 HRS.
	Man - 171 - 1	Sept. 7. 1890 Rest birthday) Months Days	Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, avan if refired) 1Db. KIND OF BUSINESS OR INDUSTR		OF WHAT COUNTRY?
Ť,	Carpenter	Montg. Co.Md.	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
F	John B. King	Lillie Burns	
Ī	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address	
1	Yes, no or unkown) ((fyes civewers) detesof service) 212-14-5755 N	Ars Elizabeth P. King I	tem 2
ï	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).)		NTERVAL BETWEEN ONSET AND DEATH
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COPONARY OCC		Sudden
	420,1 DUE TO		
	Conditions, if eny, which (b)		
	geve rise to immediate cause (a), stating the underlying DUE TO		
	cause lest. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	THE STATE OF THE S		YES NO X
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED. (ED. CAUSE OF DEATH.	inter neture of injury in Part I or Part II of item 18.)	
	CAUSE OF DEATH.		
		CE OF INJURY (Home, ferm, 2Df. (City or town) (County) ory, street, office bldg., etc.)	(State)
ď	Hour a.m. While Not While fect et work at work	ory, steer, office bidg., etc.)	
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , ar	nd in my opinion
	death resulted from: Natural causes 😿 , Accident 🔲, Suici	ide, Homicide, Undetermined manner	
	0- 10	CHIEF MEDICAL EXAMINER	
	SIGNATURE Thand for Sunhait	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
0	EXAMINER'S	DEPUTY MEDICAL EXAMINER	
	NAME (Type) Frank U. Broschart	Address (Street, city, town, or county) Jine	23, 1961
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country)	(Stafe)
1	Burial June 27,1961 Arlington	National Fort Myer Va.	
1	23. ELNERAL DIRECTOR Moleswith Damascus,	Ma	ATURE
	Ulm d. Mousion Damascus,	DATE JUN 27'61 Cirthur 8. H	Trava

· bla coumtain revers form that sever . hit. oo . asmos he Fenn H Lien amba, a scenar to en Frital 1-010 Company of the second of the second of TOTAL ES CHINE Pune 27,200 enting ton Westernal Port ere . Mr. And a life of the control of the con

6961

CERTIFICATE OF DEATH

Reg. Dist. NO. 6949

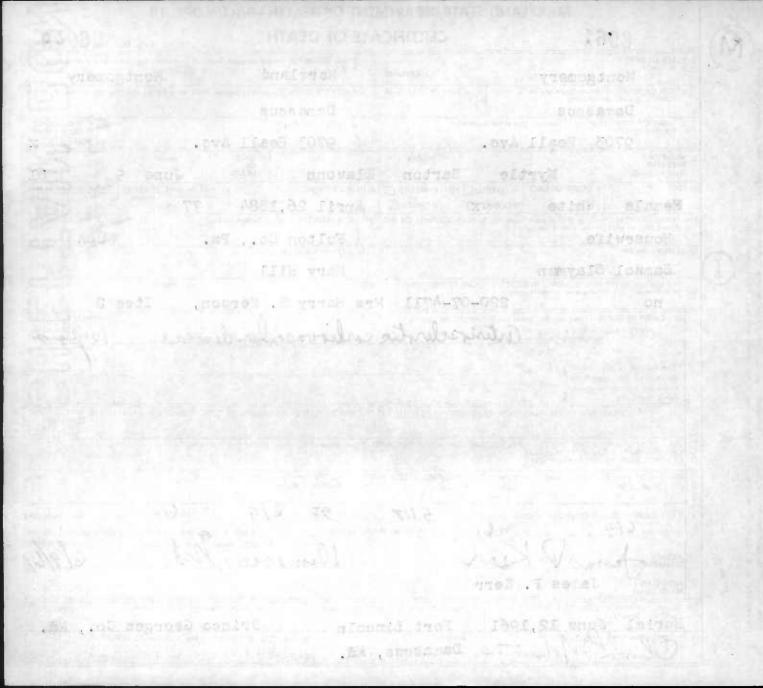
1. PLACE OF DEATH a. COUNTY Mon	tgomery		MARYLAN	2. USUAL RES o. STATE	idence (Wh	ere deceased liv	ved. If instituti b. COUNTY	ion: Residence Monte	e before o	dmission)
RURAL and give ne	ascus		LENGTH OF STAY IN 1	02 Da	mascu	utside corporate	: limits, write R	RURAL and g		
d. NAME OF HOSPIT OR INSTITUTION 970	AL (If not in hospital, g Beall	Ave.	dress)	d. STREET		all A	70.			S RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	Fire Myrt		Middle Barton	Klawon		4. DATE OF DEATH	Mor Ju		Day	Year 19 61
5. SEX Memale	# #n	7. MARRIED	NEVER MARRIED DIVORCED			001	AGE (In years last birthday) 77 yrs.		-	UNDER 24 HRS. ours Min.
10a. USUAL OCCUPATIOn during most of work Housewi	ing life, even if refired)	lane 10b. KIN	ND OF BUSINESS OR IN			or foreign coun		12. CITIZ	USA	HAT COUNTRY?
13. FATHER'S NAME Samuel	Slayman			14. MOTHER	w Hil					
15. WAS DECEASED EVER		rvice)	CIAL SECURITY NO07-4711	INFORMANT		Merso	Add	ress Iten	1 2	1.7
Conditions, if ar gove rise to ir cause (o), stating lying couse lost. PART II. OTH	the <u>under-</u> DUE TO		NTRIBUTING TO DEATH I	BUT NOT RELATED TO	O THE TERMI	NAL DISEASE C	ONDITION GIV	VEN IN PART	P	
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR	MEDICAL EXAMINER)		BE HOW INJURY OCCUI	PLACE OF INJURY	(Home, form	, 20f. (City or		(C	ounty)	(State)
Hour a.m.	19	While at work	6/10	foctory, street, office		16	10(0)			
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James P.	Kerr	and that dec	m.D. 1997		M, from the ADDRESS (Stree	e couses on	nd on the		ne deceased oted obove DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		1961	Fort L			22d. LOCATION		or county)	Co.	(Stote)
23. FUNERAL DIRECTOR'S	S SIGNATURE LESU	nth	Damascus		24a. REC'I	BY REGISTRAI	24b. REGI	STRAR'S SIG	NATURE	

TO HOSPITAL OF TREVOING PHYSICIAN: The law requires that the death certificate be executed in 24 mans vivel wash. The law be retained by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.

Page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.



ISION OF STATISTICAL RESEARCH AND ON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) COUNTY by the and 2 : entoomer montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) in by hours after Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) HOSP more letely papers. in 72 ho 3. NAME OF DECEASED OF comp (Typa or print) DEATH AGE (In years | IF UNDER 1 YEAR last birthday) | Months | Days carbon 5. SEX MARRIED NEVER MARRIED Months physician ove 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, evan if ratired) Bureau of Jawyer 13. FATHER'S NAME Revenue WARP please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then removal, (Yes, no, or unknown) | (If yes give wer or dates of service) No the 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Pulmonary infarction and severe pulmonary edema signed IMMEDIATE CAUSE (a) DUE TO left lung Hypertensive heart disease with left ventricular gava rise to immadiata causa hypertrophy DUE TO (a), steting the undarlying Right lung, upper lobe, early acute bronchopneumonia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY certificate Se o Six days postoperative for resection of adenocarcinoma of the colon use 20a. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH ă for the After this (IF EITHER, NOTIFY MEDICAL EXAMINER tached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) tectory, streat, office bldg., atc.) Whila Not While at work et work 21. I certify that (I) (this hospital) attended the deceased from May saw the deceased alive on. 22e. SIGNATURE STAFF ear PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type)

Silver Spring, Maryland

GEORGE H. MCLAIN

6/12/61

23a. BURIAL, CREMATION, 23b. DATE THEREOF

REMOVAL (Spacify)

24 FUNERAL DIRECTOR'S SIGNATURE

death. Page TO FUNERAL director, page 3 be filed with th VR A15 (4) 15M 9/60

SIGNED

e. IS RESIDENCE ON A FARM?

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

vears

days

PERFORMED?

NO

(State)

days

IF UNDER 24 HRS.

23d. LOCATION (City, fown or county,

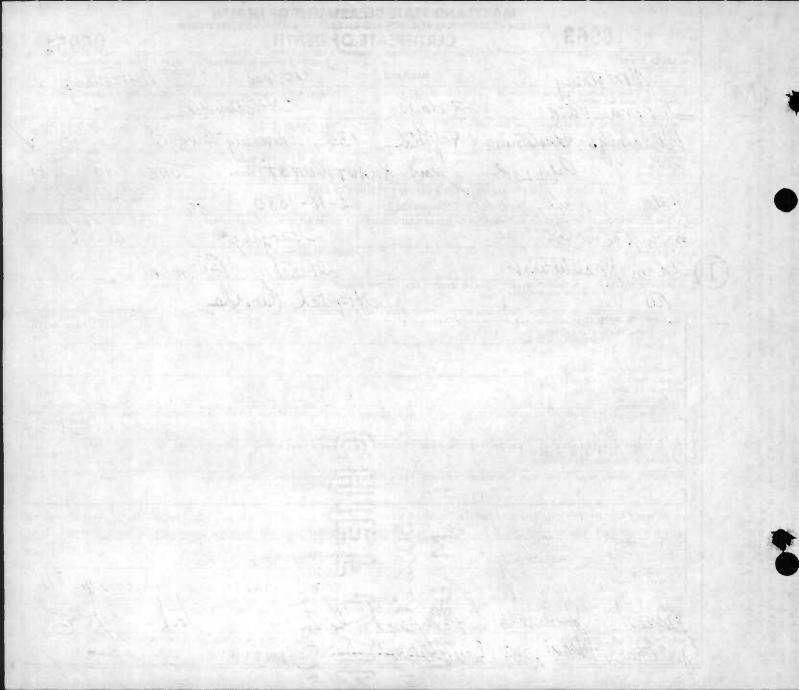
23c. NAME OF CEMETERY OR CREMATORY (State) Washington National Cemetery. Suitland, Prince George's 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 8434 Georgia Avenue

DATE JUN 1 4 '61 arthur S. Thous

Medical and the surface of the surfa the same that I have a strong of the strong with the same A company of internal of the second e sin warmaling excess par coltetala, vasno in armove the color of the color o id allt lung, moot lobe, aarly acute hunscholmen ontr Six days conferencing for macelling of remembers in all the artists and the artists The second of th Stages and the last the greatest foreign and all and all and and all and an army all and an army all and army all or I Surgeor, the first hear is Avenue

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission a. COUNTS b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write BNRAL and give hearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN of authode carporate limits, write RURAL and give nearest town) should the d. NAME OF HOSPITAL (If not in Mospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by YES NO D 2 NAME OF Middle Year filled DECEASED OF DEATH NMN Pages (Type ar print) 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 5. SEX 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS after Manths Days Haurs WIDOWED [DIVORCED T cample YES papers. 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, every if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? and carbon 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician within remave WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT attending please 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) Irema the DUE TO by permit. Canditians, if any, which has been signed gave rise to immediate DUE TO cause (a), stating the under-1 month lying cause last. attending physician. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPS cremation, PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL OS 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or fawn) Month. Day, Year 20d. INJURY OCCURRED (County) (State) Haur a. m. factory, street, affice bldg., etc.) While Nat while this at wark at wark lune 19. 19 61, that (1) (we) last ern 1961. ta 21. I certify that (1) (this haspital) attended the deceased fram.__ ped Deva 19_ 1961, and that death accurred at_ saw the deceased alive an ____M, fram the causes and an the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING PHYS. SIGNED STAFF PHYS. M.D. DIRECTOR [ro FUNERAL DIR 22c. PHYSICIAN'S pluods 22d. ADDRESS NAME (Type) 08 ER7 236. DATE THEREOF BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, (State) OVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/59 William S. Krous DATE JUN 21



W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECO CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) COUNTY COUNTY STATE b. CITY OR IDWN (if outside corporate limits, write RURAL and give nearest town) the 1 MARYLAND c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 pue þ hours after 2. lakoma Keckuill Pages 1 filled i . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO ash oad within 72 Janitarium and Hospita Washington 3. NAME OF completely DATE DECEASED OF DEATH (Type or print) 19 and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) Months Deys Hours WIDOWED DIVORCED event sician 12. CITIZEN OF WHAT COUNTRY? remove 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retirad) Veterinarian
13. FATHER'S NAME Columbia phy please ding 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? aften Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) Sanitarium and Hospital permit. 18. CAUSE OF DEATH [Enter only one cause per kine for (e), (b), end (c). ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (e) DUE TO ending Conditions, if eny, which geva risa to Immadiata cause DUE TO (a), stating the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATION PERFORMED? NO A use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING CAUSE OF DEATH tached 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (Stele) 20c. TIME OF INJURY 2Df. (City or town) (County) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work p.m., 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from..... 19.77..., and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on... 22a. SIGNATURE 6 SIGNED ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. HOSPITA death. Page page 22d. ADDRESS 22c PHYSICIAN'S director, be filed 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) OI Rock@reek Cemetery Washing to n. D. C. C. S. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) arthur S. Kraus DATEUN 1 9 '61 15M 9/60 Lavtonsville. Md.

1000 Lyaman tris/A Warren Mary and Bonto over U. Jakona Park Salar Rack Villa Washington Donitarium and Hayatal Italia Cashell Flord Herman Hinry Lodgen June 14 61 May 29, 1888 73 Male White District of Colympia U.S. A. Veteringeray Allee Voes Thomas A. Ladson soul litigate fine muiretimos not paines W urical to A-M-OL Londrous Cometons Labelington, C. C. . od . all beroned lies by . bet.

MARYLAND STATE DEPARTMENT OF HEALTH

division of statistical research and records, 301 w. preston street, baltimore 1, maryland 6965 Certificate of death 96953

	PLACE OF DEATH			2. USUAL RESIDER	NCE (Whare deceased lived, If b. COU		ce before admission)
-		ONTGOMERY	MARYLAND	MARY	LAND	MUNIGUI	MEKY
		foutsida corporate limi give nearest town)	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, writ	a RURAL end give r	seerest town)
	SILVER SP	RING	2 yrs.	SILVE	R SPRING		
	d. NAME OF HOSPI	TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	S		a. IS RESIDENCE ON A FARM?
	8718 CAME	RON STREET	apt. 218	8718 CAME	RON STREET	apt. 218	YES NO
	NAME OF DECEASED (Type or print)	First		Last	4. DATE Mont		Year
			EABODY LAIRD				1961
	SEX EMALE	6. COLOR OR RACE	7. MARKIED THEVER MARKIED	AUG. 8,1884	last birthday)	Months Deys	Hours Min.
		ION (Give kind of world			1 7	12 CITIZEN O	F WHAT COUNTRY?
		rking life, even if retire		II. BIRTHPLACE (COL	unity & State, or location country,	12. CHILLIA	WIDE COOKIE
	HOUSEWIF	E	OWN HOME	DANVERS,		U.S.	Α.
13.	FATHER'S NAME			14. MOTHER'S MAIDER	NAME		
1	GEORGE H	. PEABODY		AUGUSTA MU	DGE		h to a series
		ER IN U.S. ARMED FOR		INFORMANT	Addres	14	
7 "	NO NO	i yeagive well of detes of s		Robert P. La	ird, West Vanc	ouver, Car	nada
	1B. CAUSE OF D	EATH [Enter only one	cause par line for (a), (b), and (c).	1/		INT	ERVAL BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Connection Soil	lung A ho	n It	ON	ISET AND DEATH
	916)	IMMEDIATE CAUSE (a)		we of			Im.
	2131	DUE TO	a 140 0	1/6/	A 1		1-0/
	Conditions, if eny	(-)	muliple, undosp	reue melar	tale mercy	uniters 6	2 Securs
	geve rise to immed (a), steting the u	DIE TO	0 10 11	1 (A-	- 1-		
	cause last.		mysed mesed	erwal leva	nos ofulcru	y (o mus.
Z	PART II. OTHE	SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CONDITION GI	VEN IN PART 1(a) 1	9. WAS AUTOPSY PERFORMED?
ATI	CLAST TO	-				,	YES TO NO IT
CERTIFICATION	20e. ACCIDENT W	AS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	n Pert I or Pert II of itam 18.)		4
ERI	OR CONTRIBUTING	MEDICAL EXAMINER		Latter to the U			
				ACE OF INITIDY (Home to	rm, 20f. (City or town)	(County)	(State)
MEDICAL	20c. TIME OF INJU	IRY Month, Day, Ye		ACE OF INJURY (Home, fa ctory, street, office bldg., e		(County)	(31616)
WE	p.m.	19	et work at work				
	21. I certify t	hat (I) (this hospi	tal) attended the deceased from.	Nov 1,	1960, to June ?	14., 196/., 1	hat (I) (we) last
	and the same of the	sed alive on	24 June 19 G/, and tha	t death occured at.	Tom the causes	and on the da	ate stated above.
1-1	228. SIGNATURE	-15					22b. DATE
	1	01 / 8	Margaren.	A.D. PHYS.	MED. STAFF	JUNE	24. 1961
	22c. PHYSICIAN'S	and ca	gacero ,	22d. ADDRESS	. 1/ 100	1 6	
	NAME (Type	/ ERNEST E	. HARMON	9:301 Co	lesulle Rd Sil.	Spr. M.	I.
231	BURIAL, CREMAT	ON, 23b. DATE THE	REOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or county)	(State)
	REMOVAL (Specify)			OD THA MODIA	D-71100 0000		
-	CREMATION		1961 FORT LINCOLN	CREMATORY	PRINCE GEORG	GISTRAR'S SIGNA	
24	FUNERAL DIRECTO	PUMPHREY,	INC. SILVER SPRING,	MD. 236. K	IUN 2 7 '61	rethung S. That	AA
1 "	- lugina	sie ce;	Ziska_	DATE	UIT -		

death. Page are retained by the hospital or attending physician.

Year Connection and completely filled in by the funeral formal filled in filled in filled in by the funeral filled in filled xecuted within 2 The law requires that the death certificate ATTENDING PHYSICIAN:

TO HOSPITA

THE CAMERON SUBSECT

PRINCIPAL AND PR

CONTROL TOWN ON THE EAST PROPERTY OF THE HOLDS WITH

20 man 189,112 1 - 2 . 47 % 5 endan (somion signer with the To be seen that the seen to be se A STATE OF S THE THE FOREST BOOK OF THE LOCK CONTROL VANCOUSLES, SHARE TOUR OF THE CONTRACT OF THE SECOND SE

PAIMOR DECROE'S COUNTY, DE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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0	0	y	5	de

M	o. COUNTY Montgomer	v	MARYLAND	2. USUAL RESIDENCE (STATE Maryland	decedaec	b-COUNTY	e George	. 1/
	b. CITY OR TOWN	(If autside carporate limits, v	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carpo	rote limits, write RL	JRAL and give nec	arest tawn)
	Bethesda	nearest tawn)	67 days	Laurel				
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	street oddress)	d. STREET ADDRESS		1/		e. IS RESIDENCE
50			Bethesda 14, Md.	R.F.D. 2		16	X	YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE	Mant	h Do	y Year
	(Type or print)	John	Henry	Lammers	DEATH	Jun	e 1	2, 196
5.	. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	Manths Days	Hours M
1	Male	White w	DOWED DIVORCED	March 25,	1896	65 yrs.	Monnis Days	naurs M
10	Da. USUAL OCCUPATI	ON (Give kind of work dane rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (St	ate ar fareign o	ountry)	12. CITIZEN OF	F WHAT COUN
		ly builder	Truck mamufactur	ing	Marylan	nd	U.S	.A.
13	3. FATHER'S NAME			14. MOTHER'S MAIDE	N NAME			
	Henry Lar	mers		Annie Ott	ten			
	S. WAS DECEASED EV	ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17. IP	FORMANT The M	edical I	Record Addr	ess	
	No	(II yes, give wor or ourse or savice	Unavailable Th	e Clinical	Center.	Bethesda	lh. Mar	yland
	18. CAUSE OF DE	ATH [Enter only ane cause	per line far (a), (b), and (c).]				INT	ERVAL BETWE
	PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Sent				ON	SET AND DEA
	19	9 DUE TO	0	Car		1		Zolas
2	Canditians, if gave rise to cause (a), stating lying cause last. PART II. 01	ony, which immediate the under-	Dissensinated Likham Dr ONS CONTRIBUTING TO DEATH BUT			e condition give	EN IN PART 1(a)	4 mo
MOITA	gave rise to cause (a), stating lying cause last	ony, which immediate the under-				e CONDITION GIVI	EN IN PART 1(a)	4 MO
Z STEIGATION	gave rise to cause (a), stating lying cause last	DUE TO ony, which immediate the under- ther SIGNIFICANT CONDITI (AS UNDERLYING 206		NOT RELATED TO THE TE	RMINAL DISEAS		EN IN PART 1(a)	4 MO
CEOTIGICATION	gave rise to cause (a), stating lying cause last: PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	DUE TO ony, which immediate the under- ther SIGNIFICANT CONDITI	ons <u>contributing to death</u> but	NOT RELATED TO THE TE	RMINAL DISEAS		EN IN PART 1(a)	4 MO
MEDICAL CEPTIFICATION	gave rise to cause (a), stating lying cause last: PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	DUE TO ony, which immediate the under- ther SIGNIFICANT CONDITI (AS UNDERLYING CAUSE OF DEATH WEDICAL EXAMINER) RY Manth, Day, Year	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED 20e. PL	NOT RELATED TO THE TE	in Part I ar Partarm, 20f. (City	t II af item 18.} ar tawn)	EN IN PART 1(a) 1	Y MO 19. WAS AUTO PERFORME YES NO
	gave rise to cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m., p. m.	DUE TO ony, which immediate the under- THER SIGNIFICANT CONDITI (c) THER SIGNIFICANT CONDITI (AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER) (RY Manth, Day, Year 19	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRE 20d. INJURY OCCURRED While Not while for the work of work	NOT RELATED TO THE TE D. (Enter nature of injury ACE OF INJURY (Hame, f	in Part I ar Partarm, 20f. (City	t II of item 18.)	(County)	Y MO 19. WAS AUTO PERFORMEI YES NO
	gave rise to cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m., p. m.	DUE TO ony, which immediate the under. The under. Co US TO OUT T	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while for twork at work the desceased from	D. (Enter nature of injury ACE OF INJURY (Hame, fctary, street, affice bldg.,	in Part I ar Param, 20f. (City	or town)	(County)	4 MO 19. WAS AUTO PERFORMEI YES NO
	gave rise to cause (a), stating lying cause last. PART II. O1 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIF) Hour o. m. p. m. 21. I certify th	DUE TO ony, which immediate the under. The under. Co US TO OUT T	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work 20e. PL for the place of th	D. (Enter nature of injury ACE OF INJURY (Hame, fctary, street, affice bldg., APTIL 6, 19 death accurred 3	in Part I ar Par arm, 20f. (City etc.) 20f. (Fram	ar town) June 12, the causes and	(County)	Y MO 19. WAS AUTC PERFORMEI YES NO (S) (S) (S) (S) (A) (S) (S)
	gave rise to cause (a), stating lying cause last. PART II. OI 20a. ACCIDENT WOOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT O	DUE TO ony, which immediate the under. The under. Co US TO OUT T	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work 20e. PL for the place of th	D. (Enter nature of injury ACE OF INJURY (Hame, factory, street, affice bldg., APPIL 6, 19 death accurred 3 M.D. ATTENDING PHYS.	arm, 20f. (City etc.)	ar tawn) June 12, the causes and STAFF PHYS.	(County) 19 61, the date (C-12-1	Y WO 19. WAS AUTO PERFORMET YES NO (S) (S) (S) (S) (S) (S) (S) (S
	PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour o. m. p. m. 21. I certify th saw the deced	DUE TO ony, which immediate the under: Other SIGNIFICANT CONDITI (AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) Output	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work 120 thended the deceased from 1901, and that of the control of th	D. (Enter nature of injury ACE OF INJURY (Hame, fectory, street, affice bldg., APPIL 6, 19 death accurred 33 M.D. ATTENDING PHYS. 22d. The SSCI	in Part I ar Param, 20f. (City etc.) 20f. (City etc.) 20f. MFram	ar tawn) June 12, the causes and STAFF PHYS.	(County) 19.61, the date (6-12-(ational	4 MO 19. WAS AUTO PERFORMEI YES NO (S 10 (1) (we) e stated ab // 22b. DA // 22b. DA
MEDICAL	gave rise to cause (a), stating lying cause last: PART II. OT 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT O	DUE TO ony, which immediate the under- of t	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED While Not while of work of the deceased from 1901. and that of the deceased from Who have the deceased from	D. (Enter nature of injury ACE OF INJURY (Hame, fctary, street, affice bldg., APTIL 6, 19 death accurred 33 M.D. PHYS. 22d. UnessCl.	arm, 20f. (City etc.) 20f. (City DIRECTOR DIRECTOR DIRECTOR DIRECTOR Be	ar tawn) June 12, the causes and STAFF PHYS. Center, N thesda 11;	(County) 19 61, the date (6-12-1) ational Maryla	Y MO 19. WAS AUTO PERFORMET YES NO (S nat (1) (we) e stated abo // 22b.DA Instituted
MEDICAL	gave rise to cause (a), stating lying cause last: PART II. OT 20a. ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF) 20c. TIME OF INJUMENT O	DUE TO ony, which immediate the under: the under: THER SIGNIFICANT CONDITI (a) CAS UNDERLYING CASSE OF DEATH Y MEDICAL EXAMINER) Output (b) DUE TO (c) CAS UNDERLYING	ONS CONTRIBUTING TO DEATH BUT DESCRIBE HOW INJURY OCCURRED 20d. INJURY OCCURRED While Not while of work 120 thended the deceased from 1901, and that of the control of th	D. (Enter nature of injury ACE OF INJURY (Hame, fctary, street, affice bldg., APTIL 6, 19 death accurred 33 M.D. PHYS. 22d. UnessCl.	arm, 20f. (City etc.) 20f. (City DIRECTOR DIRECTOR DIRECTOR DIRECTOR Be	ar tawn) June 12, the causes and STAFF PHYS.	(County) 19 61, the date (6-12-1) ational Maryla	Y MO 19. WAS AUTO PERFORME YES NO (1) (we) e stated ab (22b. DA

EXENDING PHYSICIAN: The law requires that the death certificate be execute TO HOSPITAL

VR A1S (4) 1SM 9/S9

DeWith Danaldson Laurel My DATE JUN 1 9 '61

AR'S SIGNATURE

Chilling S. Kraus

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH . COUNTY b. COUNTY Montgomery MARYLAND Marvland Montg. h. CITY OR TOWN (if outside corporete limits, al director. P for your file c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Bethesda 11 days Silver Spr ng Board d. STREET ADDRESS A. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? be retained th the State B YES NO T Suburban Hosp. 9824 Woodland Dr. 4. DATE 3. NAME OF Middle Month DECEASED OF 3 to the DEATH (Type or print) 19 67 Grace Langbein June 27 with the Theresa 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 2 with last birthday) | Months | Deys DIVORCED T WIDOWED female IOa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA cashier (ret) Dept. store. D.C. pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Geo. A. Langbein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Josephine Getz Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) permit. Hosp. Record INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause paraline for (e), (b), and (c),] e along v Il-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Office DUE TO burial Ø DUE TO (e), steting the underlying as Examiner' TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? 9 YES NO 1 O 20b. DESCRIBE HOW INJURY OCCURED. (Eren neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS should PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Fell on floor at home fracturing rt. hip 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) the Chief A R: Page 3 shrior to buria Month, Dey, Year (County) (State) 20c. TIME OF INJURY factory, street, office bldg., etc.) Not While 4:30 While 6/16/61 et work et work Silver Spring Montg Md. home should be forwarded to the provide should be forwarded to the pruneral DIRECTOR: Par its designated agent, prior i 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1 Inquiry | and in my opinion Undetermined manner Accident Suicide Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 6/27/61 DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Frank J. Proschart Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country), 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 240 g Duria 240 REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 9/60

TO bhashoov Asho Substantian Hong. Cherena Grace Langbein and the state of the state of the state of Amount . most Bracket-172 Pall on thoor at home freedering rt. 119 Silver Sorter Months Frunk J. Transpare of Marrie THE RESERVE OF THE PROPERTY OF THE PARTY OF THE RESIDENCE OF THE PARTY OF T

1.	dh	Ιt	ems 1882] Film 296 MARYLAND STATE DEPARTMENT OF HEALTH	A DVI A NID
FOR STAY		N.	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MACHINE 1, MACHIN	OCOLO
HEAPTH DE	BT			10339
MEVERN DE		1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Res 5. COUNTY 6. COUNTY 7. COUNTY 9. STATE 1. COUNTY	idenca batore admission;
Se de la constante de la const	111		MARYLAND Sirryland 110	nitgomere
SEE			c. CITY OR TOWN (if outside corporate limits, write RURAL and swrite RURAL	rive nearest town)
is necdirectory your	1		a Koma rank DOA Kensing low 3	6 0
~ 00'-	7		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS	IS RESIDENCE ON A FARM?
dela ed f	200	bri	vashinglow Danitarium + Horpe 1105 and Fl	YES NO
fur fain Stal eath	1	3.	DEGLEGER	Day Yeer
If a the the red			(Type or print) David Reed La Roche DEATH June	14, 1961
3 to be after		5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	EAR IF UNDER 24 HRS.
nd may			WIDOWED DIVORCED 10-21-58 Just birthday) Months Da	lys Hours Min.
fter 5, a 5, a ho			USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZI	EN OF WHAT COUNTRY?
s 1, s age age 1 ar 1 ar 1 272		do	na during most of working life, even if retired)	CA
hou hou		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME	. 5 / 1 .
24 hour Page Page PM3. Ppages within	T	1	Romald P. La Roche Erma Bort	
E E E		15	WAS DECEASED EVER IN ILS ARMED FORCES? I 14 SOCIAL SECURITY NO. 1.17 INFORMANT	
# 50 0 FF 9		(Ye	No or unkown) ((fyes give wer or deles of service) None Ronald P. LaRoche-Father-same	≥ 2d
tem tem with with perm			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
in in sit d in d			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Early Acute interstitial pneumonia	ONSET AND DEATH
alcillar			49 2 PUE TO	
Ild the fifice fifice well				
should be be			gave rise to immediate cause	
ding ding as			(a), stating the underlying DUE TO	H1-770 (9)
ifica pen amir sed		7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.	(a) 19 WAS AUTOPSY
d " Ex		TIO		PERFORMED?
wor wor ical	1	CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.)	YES NO
the wedical Medical creating al, creating al	×	RTI	PRIMARY or CONTRIBUTING	
ME A			CAUSE OF DEATH.	
Min Min		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County factory, street, office bldg., etc.)	y) (State)
XA e, v		ME	p.m. 19 at work at work	
D to at			21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opinion
ant, Centrick			death resulted from: Natural causes X. Accident . Suicide . Homicide . Undetermined manner	
the ce rward DIRE	1		CHIEF MEDICAL EXAMINER	
te the certiforwarded DIRECT	1	-	SIGNATURE Trank I I Drowhart M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Start Shart			EXAMINER'S - DEPUTY MEDICAL EXAMINER & 6-14.	-61
DEPUT: ease execute the should be forw FUNERAL Dir its designated			NAME (Type) E/ANK J. /3/05-AZLT Address (Street, city, town, or county)	. – /
Shour FUI		228	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country)	(State)
0 240 9		F	durial 6/16/61 Arlington Nat. Cem. Arlington, Virgin	nia
H H			FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	NATURE
VS. A1SME SM 9/60		F	cobert A. Pumphrey Bethesda, Maryland DATE JUN 16'61 Quilled &	Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6969 CERTIFICATE OF DEATH Reg. Dist. N.6957 director, with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNT MARYLAND MONTGOMER the funerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town TAKOMA sha d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION by 12 NASHINGTON SANITARIUM + HOSPITAL pup .5 3. NAME OF 4. DAT Middle Month filled DECEASED (Type or print) SOM DEATH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH ely Months Doys DIVORCED | complet WIDOWED X papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) and 20 usa pou after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cor physician hours remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT attending pleose within 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." PART I. DEATH WAS CAUSED BY Then IMMEDIATE CAUSE (o the DUE TO by permit. any Conditions, if ony, which been signed gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. os the burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION removal, certificate has 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 0 (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 0 foctory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 1961, that I last saw the deceased 21. I certify that I attended the deceased fram 3 shauld be detached alive an and that death accurred at 7 M, fram the causes and an the date stated above. TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, stote) ACTUAL prid SIGNATURE registrar PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATOR poge REMOVAL (Specify) WOODLAWN 24b. REGISTRAR'S SIGNATURE 24o. REC'D BY REGISTRAR

VS A1S (4)

1SM 9/SB

e. IS RESIDENCE

Day

ON A FARM?

YES NO NO

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19 6

Hours

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO [

(Stote)

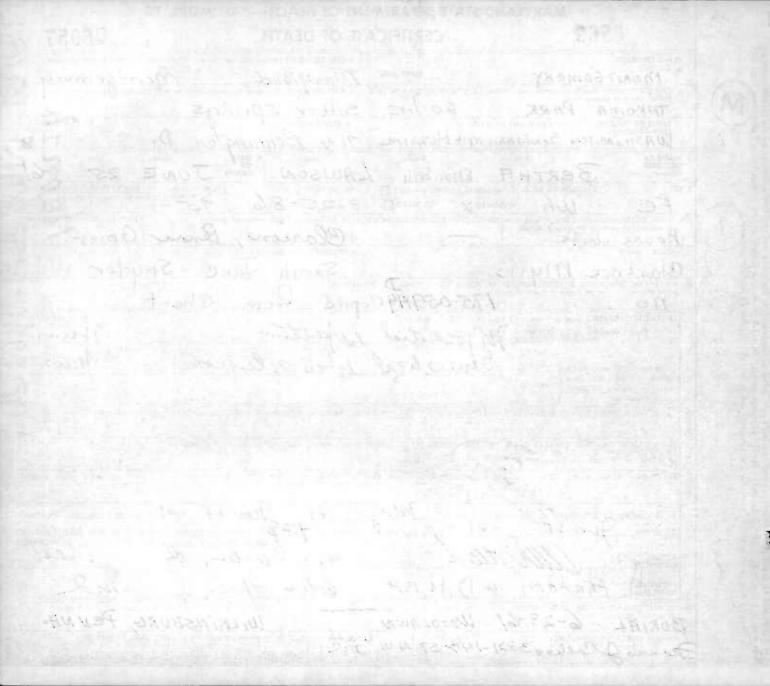
DATE SIGNED

(Stote)

arling & France

DATE JUN 2 8 '61

YES 🗌



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution: Rasidance before admission) a. COUNTY b. COUNTY Maryland Montgomery Tontgome MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva maarest town) filled in the Pages 1 Kensington Kensington after Seven vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS a. IS RESIDENCE papers. Pag in 72 hours a ON A FARM? 3100 Jennings 3100 Jenning YES NO 3. NAME OF Middle DATE Month Day Last 4. DECEASED OF tomio DDPS (Typa or print) NMI DEATH lune 2 1961 within 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days Hours male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY Stata, or foreign country) done during most of working life, even if retired) Merchant 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sam Deris ٦ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes giva war or dates of servica) 3100 Jennings Rd., Kenningto Joseph 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c). INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: day IMMEDIATE CAUSE (a) DUE TO Multiple Myeloma Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 YES prior 2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (County) Month, Day, Yaar factory, street, office bldg., atc.) While Not Whila Hour a.m. at work at work D.M. 21. I certify that (I) (this hospital) attended the deceased from NOV. 5....., 1960 to June 27, 1961, that (I) (we) last saw the deceased alive on June 24 1961, and that death occurred at I.P.M., from the causes and on the date stated above. 22a, SIGNATURE ATTENDING MED. STAFF X PHYS. DIRECTOR PHYS. M.D. director, page 5 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 7/1/61 Gate of Heaven Cemetery Burial

death. Page

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

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Montgomery County, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATEUL 5

Carring S. Trans

Yaar

NO X

(Stata)

22b. DATE

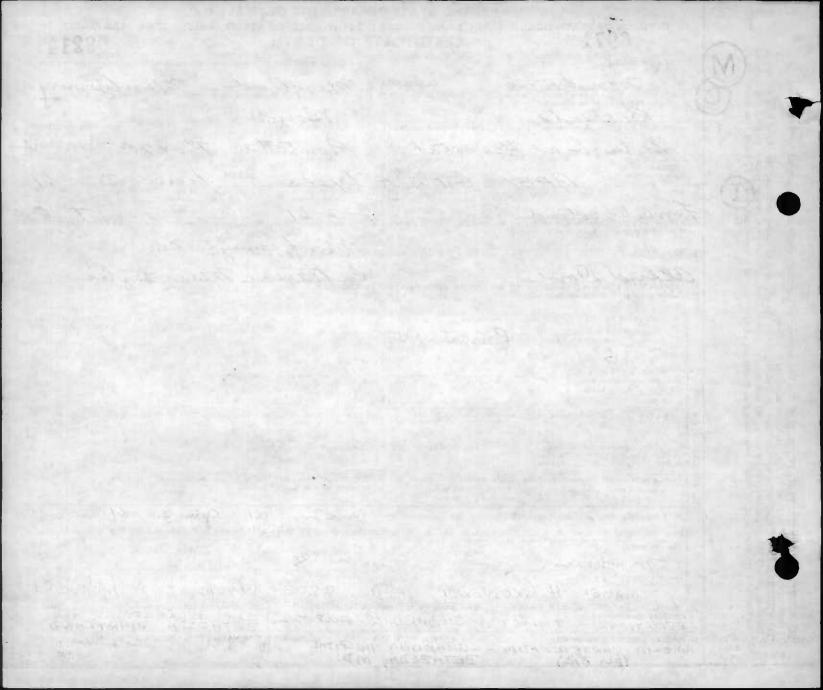
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2 USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY the the MARYLAND b. CITY OR TOWN (if outside porete limits, outside corporata limits, wrife RURAL and C LENGTH OF STAY IN 16 þ write RURAL end give neerest town) filled in Pages 1 after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE ON A FARM? hours YES NO Z papers. completely NAME OF OF DECEASED DEATH (Type or print) 19 carbon pa IF UNDER 24 HRS. AGE (In yeers | IF UNDER 1 YEAR 5. SFX B. DATE OF BIRTH NEVER MARRIED 7. MARRIED lest birthdey) and Months Hours WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNT remove USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME C attending and ā Then ARMED FORCES? (Yas, or unkown) | (Ifyes give wer or detes of service) the INTERVAL BETWEEN permit. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). physician. signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e burial-transit DUE TO attending Conditions, if eny, which has been (b) geva rise to immediate ceuse DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? hospital as 0 NO F YES use prior 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING detached for OR CONTRIBUTING | CAUSE OF DEATH the CIOR: After this (IF EITHER, NOTIFY MEDICAL EXAMINER) þ (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 1961, to Quine 3, 1961, that (1) (we) last plnods 22b. DATE 22e. SIGNATURE ATTENDING MED STAFF SIGNED PHYS. DIRECTOR PHYS. director, page 3 mt 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 03 23d. LOCATION (City, town or county)

OLD GEORGETOW 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ETHESDA CREMATION 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE HOSPITAL VR A15 (4) 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH



signed physician peen has certificate FUNERAL DIRECT

VR A15 (4) 1SM 9/59

amelia Carter - adm. -

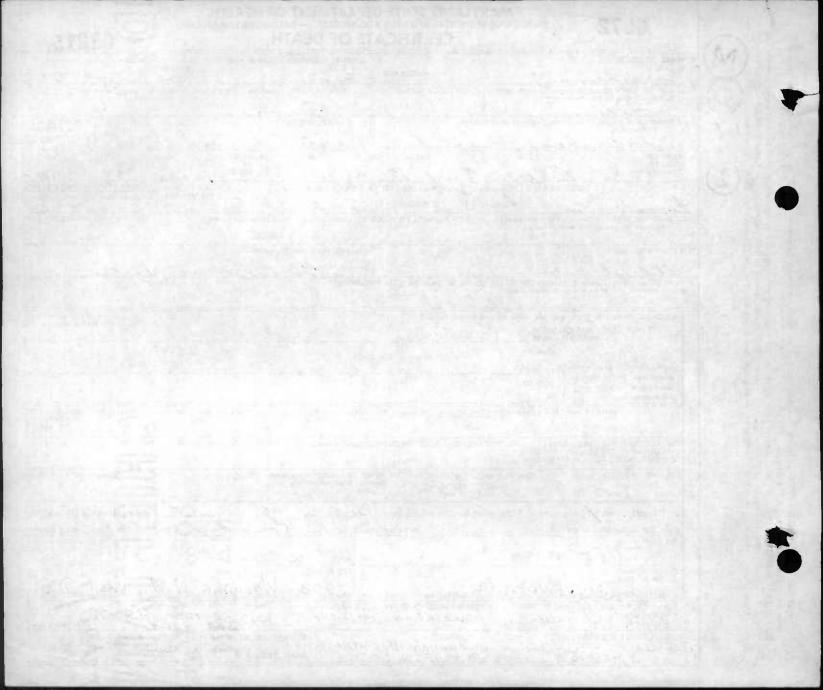
MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM? YES NO D Day Year 1941 IF UNDER 1 YEAR IF UNDER 24 HRS Months 12. CITIZEN OF WHAT COUNTRY? U.L.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) ____, 19_61___, that (I) (we) last SIGNED

MARYMAND

Cirllag & Trace

DATE JUL 13



After this certificate has been signed by the attending physician and campletely filled in by the funerol director, hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with rial, crematian, ar remaval, and in any event within 72 haurs after death. haspital ar ottending physician. TO HOSPITAL may be reloin TO FUNERAL DIRECTS

IDING PHYSICIAN: The law requires that the death certificate be execute

THENDING PHYSICIAN	haspital ar otteno	Tone After this certifica	page 3 should be detached far use as the	the registrar prior to burial, crematian, ar
S TO HOSPITAL	7	TO FUNERAL DIRECTOR After this certifica	page 3 should be	the registrar prior

	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WO o. STATE Mary]	and	b. COUNTY	Montgo	mery
	RURAL and give nearest town) Rural - Lewisdale	length of stay in 16	c. CITY OR TOWN (IF Rural	outside corporate lin		RAL ond give ne	
j	d. NAME OF HOSPITAL (If not in hospitol, give street oddre OR INSTITUTION RFD # 1. Monrovia	ess)	d. STREET ADDRESS	1. Moni	rovia		e. IS RESIDENCE ON A FARM? YES NOW
	3. NAME OF First DECEASED (Type or print) Harry	Middle	Lvles	4. DATE OF DEATH	Month June	12	1961
	5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED		B. DATE OF BIRTH	9. AG	t birthday)	Months Days	IF UNDER 24 HR Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) Labor 13. FATHER'S NAME	OF BUSINESS OR INDU		or foreign country)		12.CITIZEN O	F WHAT COUNTRY
T	Vatchel Lyles			a Zigle	n		
١			NFORMANT PS Edna Lvl		Addre	955	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONTINUE DUE TO Canditians, if ony, which gove rise to immediate couse (o), stoting the under-lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTINUE CONTINUE CONTINU	TRIBUTING TO DEATH BUT	Satisfy Gran	raly of mi	DITION GIVE	le J	19. WAS AUTOPS: PERFORMED? YES NO
2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20d. INJUR Haur a. m. 19 While at wark 2 21. I certify that I attended the deceased to	Nat while of wark .	D. (Enter noture of injury in ACE OF INJURY (Hame, forn ctory, street, office bldg., etc., 19 47, ta	n, 20f. (City or to	~n} , 19_€/tl		w the decease
/	ACTUAL SIGNATURE PHYSICIAN'S James P. Kerr	, and that death	M.D. Down	ADDRESS (Street)			DATE SIGNE
	220. BURIAL, CREMATION, 22b. DATE THEREOF 220. BURIAL (Specify) June 15, 1961 23. FUNERAL ORECTOR'S SIGNATURE John Line Line Line Line Line Line Line Lin	Pleasant Address Damascus	Grove 24a. REC	Pure D BY REGISTRAR N 1 4 '61	dum N 24b. REGIST	r county) MA FRAR'S SIGNATU MA S. KLAMA	

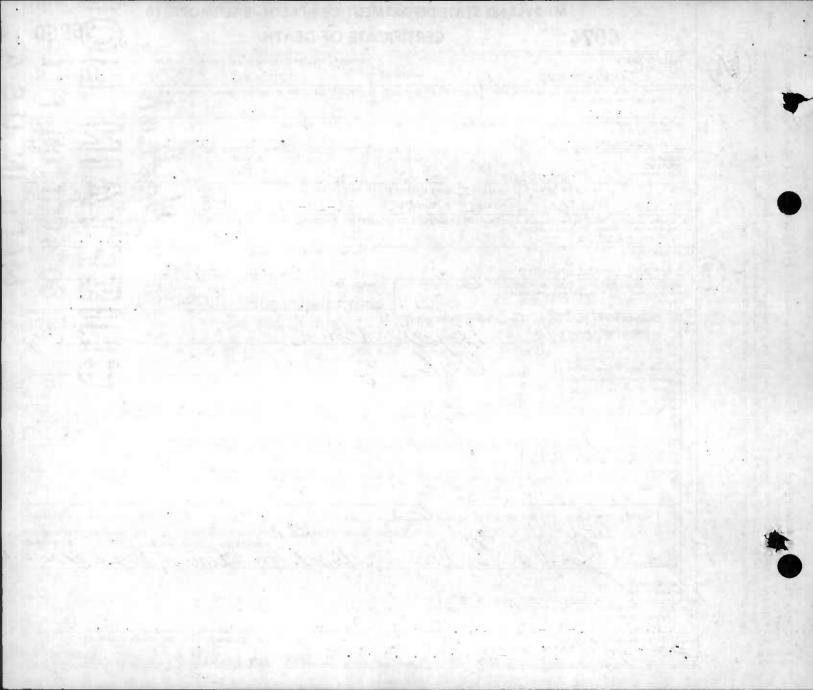
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VS A15 (4) 15M 9/5B

MARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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06960 Reg. Dist. No.

6	974		CERTIFICA	ATE OF DEAT	Н		Reg. Dist		960
1. PLACE OF DEATH o. COUNTY	ntgomery		MARYLAND	2. USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY		e before od	
b. CITY OR TOWN RURAL and give r	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corp	orote limits, write R			
Bethes	sda			Chevy C	nase		52		
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospitol, g	give street o	ddress)	d. STREET ADDRESS		OCTOR OF		e. IS	RESIDENCE N A FARM?
Suburba	nn Hospits	1		3506 Ra	ymond	Street	1		ON D
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Mor	oth	Day	Year
(Type or print)	Christi	ne	Α.	Lynch	DEATH	June	11		1961
5. SEX		7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS
Female	White	WIDOWE	D DIVORCED	11-19-07		53 yrs.	Months	Doys Ho	urs Min.
10a. USUAL OCCUPATI during most of wo	rking life, even if retired	done 10b. I	KIND OF BUSINESS OR INDU	ISTRY 11, BIRTHPLACE (Stot	e or foreign o		77	EN OF WH	AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				-
Parrell	Gallagher	9		Chris	tina	Campbell	1		
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. 5	OCIAL SECURITY NO.	INFORMANT	0 22 22 04	Add	ress	14.	
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	η	homas J. L.	vnch	3506 Ra	ymond	ಎರೆ.	
Conditions, if a gove rise to couse (o), stoting lying couse lost	immediate DUE TO)(Curling to DEATH BU	J Civil	MINAL DISEA	SE CONDITION GIV	/EN IN PART	1(o) 19. W	RFORMED?
20c. TIME OF INJU		ar 20d. IN While	_ Not while _ fo	D. (Enter noture of injury in ACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (Cit		(Co	ounty)	NO [
	hat I attended the	decease, 19	ed fram. 0-3	n accurred at by f		the causes an Street, eity or town,	d an the	date sta	
220. BURIAL, CREMATION REMOVAL (Specify	ON, 226. DATE THEREO)F	22c. NAME OF CEMETERY C	OR CREMATORY		TION (City, town,	or county)	C .	(Stote)
23. FUNERAL DIRECTOR		21-14	ADDRESS thSt.N.W.Wa	24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIG		8.



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH DCDC4

7								301	
	PLACE OF DEATH	H		2. USUAL RESIDEN	ICE (Where decease			nce before	dmission)
	Montgomer	y	MARYLAND	Virginia		Arling	ton	1000	
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate I	imits, write RU	RAL and give	neerest tov	vn)
	Bethesda	(Rural)	1 day	Arlington				83	3 X-
-	d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospital, giva street address)	d. STREET ADDRESS					A FARM?
	U. S. Nav	al Hospital		1044 26th	Road S.			YES	NO X
3.	NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey	Yee	r
	(Type or print)	Joseph	Bertram	LYNCH	DEATH	June	27	19	61
5.	SEX	6. COLOR OR RACE 7. M	ARRIED X NEVER MARRIED	B. DATE OF BIRTH		E (In years IF t			R 24 HRS.
N	Male		DOWED DIVORCED	3-11-93	6		onths Deys	Hours	Min.
108	. USUAL OCCUPAT	ION (Give kind of work	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	unty & State, or foreig	n country)	12. CITIZEN	OF WHAT	COUNTRY
do	Officer	orking lifa, even if retired)	U. S. Navy	Massa	chusetts	WE THE	USA		
13.	FATHER'S NAME			14. MOTHER'S MAIDEN					
	Edward LY	NCH		Mary E. CA	RTY				
15.	WAS DECEASED BY	FR IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Y-	Yes	If yes give war or dates of service	H	ospital Recor	ds				
_			e per line for (a), (b), end (c).]					TERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	emorrhage, right	cerebral her	misphere		0	8 h	ours
	371	1	icinora nage, a agire	CCICDIAL NO.	arophor o				-
	Conditions, if en	DUE TO	teriosclerosis,	generalized				Year	cs
	gave rise to immed		20012002010010	Bonor arraica					
	(e), stating the couse last.	underlying							
z		R SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT 1	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS	AUTOPSY
CERTIFICATION								YES X	ORMED?
FIC	2De ACCIDENT W	AS UNDERLYING [] 201	DESCRIBE HOW INJURY OCCUR	ED. (Enter neture of injury in	n Part I or Part II of ite	am 1B.)			
ERTI	OR CONTRIBUTING	CAUSE OF DEATH							
	20c. TIME OF INJ		2Dd. INJURY OCCURRED 2De. P	LACE OF INJURY (Home, fa	rm, 2Df. (City or to	own)	(County)		(Stete)
MEDICAL	Hour a.m.		While Not While	ctory, street, office bldg., e	tc.)	TITLE !			
×	p.m.	17	et work at work	Tuna 06	10 67 . T	uno 27	1067	.1 . 00	()
	21. I certify	that XI) (xII)s hospital)	attended the deceased from	June 20 2	40PM 10	une 27			
	saw the decea	sed alive on June	19, and th	at death occured at	M, from the	causes an	d on the		b. DATE
	22a. SIGNATURE	Dalle	201 /1/.	ATTENDING		TAFF NOT	6	5-28-6	
	an BUNGLELANIE	CAN U	MA	M.D. PHYS	DIRECTOR P	HYS. 🔀			-1-
	22c. PHYSICIAN'S NAME (Type	1	JR. CAPT.MC, U	1112	aval Hospi	tal. Be	thesda	Md.	
_	200000		23c. NAME OF CEMETER		23d. LOCATION				Stete)
23	REMOVAL (Specify	1 - 1.							
	Burial	6-30-61	Arlington		Arling	1		rgini	, et
24	TUNERAL DIRECTO		lew, solver		EC'D BY REGISTRAR	ZSb. REGIS	TRAR'S SIGN	ATUKE	
-	THE CAUTE	PC & SONG 17	56 Penna Ave N	W. WashTC DATE	IUN 3 0 '61				

Konsenski

Tille J.

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(1908) 4541

U. S. Mayni Bartesil

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Required Records

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Ir-BS-A

G. I. WALSAR, JR. CAPE, MD, U.S. Maral Roublind, Sourceas, Ma.

interity governing Landons magnification 19-98-9

JOS. GAVLESS & SONS, 1750 Ponne. Ave., NK, WoolDC - INL & F. W.

6978

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06060

		QLIXIII	147711	OI DEATH			00306
1. PLACE OF DEATH COUNTY Montgomery	·	MARY		USUAL RESIDENCE (W		If institution: Resident COUNTY	ce befare admissian)
b. CITY OR TOWN (I RURAL and give no Bethesda	f autside carporate limits, v carest tawn)	vrite c. LENGTH OF STAY 19 days	IN 1b	c. CITY OR TOWN (IF Kearneysvi		ts, write RURAL and ç	give nearest town) 85 X 3
d. NAME OF HOSPIT OR INSTITUTION THE CLINIC	AL (If not in hospital, give	street address) ethesda 14, M	d.	d. STREET ADDRESS R.F.D. # 1			e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Carolin	Middle Thelm		Macoughtry	4. DATE OF DEATH	June Manth	Day Year 11 1961
Female	771 * 4	MARRIED NEVER MARRII		eptember 5,	1908 52 9. AGE	(In years IF UNDER birthday) yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
Oo. USUAL OCCUPATION during most of work Housewife	ON (Give kind af wark dane king life, even if retired)	None None	R INDUSTR	Pennsy:		12.CITI	ZEN OF WHAT COUNTRY
3. FATHER'S NAME William J.	Heaton			Amelia Ta			
	R IN U. S. ARMED FORCES (If yes, give wor or dates of service			Clinical C			Maryland
gave rise to i cause (a), stating lying cause last. PART II. OTH	the under- DUE TO (c)	IONS CONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE COND	DITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPS
PART II. OTH	AS UNDERLYING 206 CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCRIBE HOW INJURY O	CCURRED. (Enter nature af injury in	Part I ar Part II af it	em 18.)	PERFORMED? YES NO
-	Y Manth, Day, Year	20d. INJURY OCCURRED While Nat while at wark at wark		E OF INJURY (Hame, far y, street, office bldg., et		n) ((County) (State
saw the deceas	Tonne	ittended the deceased e 11 1961 , and	11 0111		1.10	e 11 , 19 6	that # (we) last date stated above
226. PHYSICIAN'S	A munt	Bocous	ly M.1	D. PHYS.		S. S.	6/12/6
NAME (Type)	BENJAMIN A.	BOROWSKY, N.		Institute	s of Healt	h, Bethéso	
Buri al -T		23c. NAME OF CEM		emetery	Middl	ity, tawn, ar caunty) eway, We	(State) st Virgini
Robert A	· Pumphrey	Bethesda,	Mary	land	D BY REGISTRAR	25b. REGISTRAR'S SIG	

Page 4 in by the funeral director, and 2 shauld be filed with TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely titled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed with

TO HOSPITAL OR A VR A15 (4) 15M 9/59

haspital or ottending physician.

(M)

officerement of the QI Tetal against 1 4 . U. 2 . The old the content of the latest of the content of t Farlo - Mitter - World to - Secret Booksche - 1905 52 . . . Control of the Control Militar A. Hattita None I win Standard ander Senteria Ing Maretand ATENT S January 10 months of the trade of Troe 3.2 61 82 85 45 45 61 82 10/21/3 The Almied Cartin Hericate Alexander of Maniety Settion Inches at Maniety Settional My 18.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

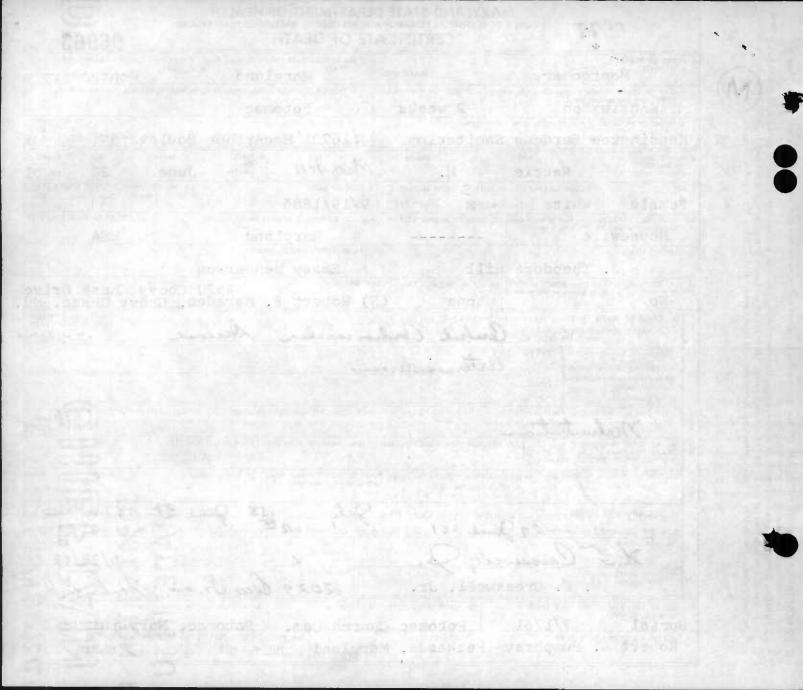
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		CERTIFICA	IL OI DEATH		U	300
1. PLACE OF DEATH a. COUNTY MC	ontgomery	MARYLAND	2. USUAL RESIDENCE (WHO I STATE Mary	nere deceased lived. If inst	NTY .	efore odmission)
RURAL ond give	(If outside corporate limits, wri nearest tawn) .ngton	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF o	outside corporote limits, wri	ite RURAL and give	nearest town)
OR INSTITUTION	on Gardens		d. STREET ADDRESS	cArthur Bo	ulevard	e. IS RESIDENCE ON A FARM? YES NO S
3. NAME OF DECEASED (Type or print)	Nettie	Middle M .	Mars den	4. DATE OF DEATH JUI	Month ne 2	Day Yeor 19 61
s. sex Female	*** * .	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/19/1886	9. AGE (In ye last birthdo 74		AR IF UNDER 24 HRS. s Haurs Min.
10a. USUAL OCCUPAT during most of wo Housew	rking life, even if retired)	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State Maryl.		12. CITIZEN	A A
13. FATHER'S NAME	. Theodore	u - 1 1	14. MOTHER'S MAIDEN I			
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dotes of service)		NFORMANT	enderson 4820 Cl . Marsden	hevy Cha Chevy C	se Drive
E M	immediate DUE TO	Orterioscleros	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
OR CONTRIBUTION	- V- V-	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I ar Part II of item 18.	.)	
20c. TIME OF INJU Hour o. m p. m	. W		ACE OF INJURY (Home, farm ctory, street, office bldg., etc		(Coun	ty) (State)
	oot (I) (this hospital) attoosed alive on 27	ended the deceased fram.	0 1 *	M, from the couses		22b, DATE
22c. PHYSICIAN'S NAME (Type)	W. F. Cres	swell, Jr.		RECTOR D STAFF PHYS. D	6/ v. Xa	28/61 SIGNED
23a. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 23b. DATE THEREOF 7/1/61	23c. NAME OF CEMETERY C	or CREMATORY	23d. LOCATION (City, to	wn, or county) Marylan	(Stote)
24. FUNERAL DIRECTO Robert		Bethesda, Ma	2Sa. REC	D BY REGISTRAR 25b.	REGISTRAR'S SIGNA	TURE

Then please remave corban papers. Pages 1 and After this certificate has been signed by the attending physician and campletely tilled in page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages the State Board of Health prior to burial, cremotion, ar removal, and in any event within 72 haurs after death. IDING PHYSICIAN: The law requires that the death certificate be executed haspital or attending physician. TO FUNERAL DIRECT TO HOSPITAL OR VR A15 (4) 15M 9/59

funeral director, should be fiked

by



0313	CERTIFICA	ATE OF DEATH	R	eg. Dist. No. 06964			
1. PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	1 60111/21/	Residence befare admission) Montgomery			
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Rockville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest Rockville					
d. NAME OF HOSPITAL (If not in haspital, give street 838 Rockville Pike	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 838 Rockville Pike 838 Rockville Pike						
3. NAME OF First DECEASED (Type or print) Wilbert	Middle A	MARTH 4. DATE OF DEATH	Manth June	Day Year 19 61			
s. sex Male 6. COLOR OR RACE 7. MARI	THE VEH WITH THE	B. DATE OF BIRTH Feb. 25, 1909	1 1 1 1 1 1 1 1	Agnths Days Hours Min.			
13. FATHER'S NAME	KIND OF BUSINESS OR INDUS	Germantown, 14. MOTHER'S MAIDEN NAME		USA			
William G. Marth 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give wor or dates of service) U		Ada Carter NFORMANT Gertrude M. Mart	Address h-wife-sar				
18. CAUSE OF DEATH [Enter only ane cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under- lying cause last. (c)	Ine for (a), (b), and (c).] My orardia, arkeorasare cirkosas of	Pfailary las hypertenen Pliver with yo	in desir	INTERVAL BETWEEN ONSET AND DEATH 3 day 5 glas asells-1 gra			
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CORE OF DEATH OR CONTRIBUTING CORE OF DEATH ULIF EITHER, NOTIFY MEDICAL EXAMINER!	Deabiles 7	rellitus -	5 years	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO D			
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Po	art II af item 18.)				
20c. TIME OF INJURY Manth, Day, Year 20d. I Haur o. m. While p. m. 19	Nat while fac	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	ar tawn)	(Caunty) (State)			
21. I certify that I attended the decease alive on Julie 7, 196	9 1 //	accurred at LAM, from		at I last saw the deceased			

may be retained b page 3 should be the registrar prior VS A1S (4) 1SM 9/SB

by the funeral directar d 2 shauld be filed with

requires that the death certificate be executed attending physicion

23. FUNERAL DIRECTOR'S SIGNATURE

Robert A. Pumphrey

22b. DATE THEREOF

6/10/1961

ACTUAL

PHYSICIAN'S NAME (Type)

22a. BURIAL, CREMATION

22c. NAME OF CEMETERY OR CREMATORY Rockville Cem. Assn.

A. Linthicum

22d. LOCATION (City, tawn, ar county) Rockville

Maryland

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Bethesda, Maryland arthur S. Kraus

manonindes me	budgask		_ vionann	qli,
	oliivibeH I =			allevatorol
	Peak Falliving A 888		gall a giffs	100 H-155
a and	Told TITHAM A		ndlfw	
	ात एका, ३६, इक्ष्पुर स		egim/	
grand USA	Germanken, Mar	other	Bamua	ost jora
			HEN O'CE	m:w
	1986 Cortrado V. Martin-wil			

MARYLAND STATE DEPARTMENT OF HEALTH . PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidance before admission) a. COUNTY Montgomery District of Columbia MARYLAND the d 2 by the c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b writa RURAL and give nearast town) filled in I Since 6/16/61 Washington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 2733 Ordway Street, N. W. Apt. Suburban Hospital YES NO X npletely DATE 3. NAME OF DECEASED DEATH (Type or print) MASON Norma 10 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months May 9. 1915 Female White WIDOWED DIVORCED T event, 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) remove dona during most of working life, even if retirad) USA Secretary U.S. Government Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 please ding Unknown Unknown and aften 16. SOCIAL SECURITY NO. 17. INFORMANT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 8800 Bradmoor Drive loval, (Yes, no. or unkown) | (If yes give wer or dates of service) No Mrs. W. A. Sterba-Friend Bethesda, Maryland None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediata causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU WAS AUTOPSY PERFORMED? as 0 NO X 200. ACCIDENT WAS UNDERVING | 20 OP. CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Iven 20b. DESCRIBE HOW INJURY OCCURED. (Entar natura of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., atc.) While Not While Hour a.m. at work at work 196/, and that death occured ab 30, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE STAFF SIGNED DIRECTOR PHYS. O HOSPITAL death. Page 4 page with th 22d. ADDRESS AAME (Type) 6601 Greentree Road, Bethesda, Maryland James W. Long, director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Stata) REMOVAL (Specify) 6 - 10 - 61Hebbing Park Cemetery OH Bur-transit St. Louis County. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) Bethesda, Maryland Robert A. Pumphrey DATE JUN 13 '61 arilway & House 15M 9/60

Suburban Hospital

2733 Ordway Street, W. W. Ast. College

May 2, 1915 . 46 1 1

Work Wirs, W. A. Sterba-Erigad Bellesda, Marwinnel

Norma L.

Montgomery of the District of Columns

Singo 6/16/61 ... asida tou

Bur-transit 0-10-61 Rebeing Park Contern St. Louis County, Minn.

Robert A. Fumphrey Belnesda, Waryland State of the State

6980

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE I, MARYLAND

CEPTIFICATE OF DEATH

06966

	CERTIFICA	IL OI DEATH		-	70000
1. PLACE OF DEATH o. COUNTOntgomery	MARYLAND	2. USUAL RESIDENCE (WHO STATE	nere deceased lived. If inst b. COUI		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. City or town (If o	outside corporote limits, wri		e nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	19 days:	d. STREET ADDRESS	g, Rue 5 Ma	ryland	e. IS RESIDENCE ON A FARM?
Suburban					YES NO
3. NAME OF DECEASED (Type or print) Grace M. McCros	Middle	Last	4. DATE OF DEATH June	Month	17 Year 1961
s. sex 6. color or race 7. Marr female white WIDOWE	Y	8. DATE 9/18/17/8	9. AGE (In ye	ors IF UNDER 1' Oy) Months D	YEAR IF UNDER 24 HRS oys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hw1	KIND OF BUSINESS OR INDU	Darnestow		12.CITIZE U.S	N OF WHAT COUNTRY
3. FATHER'S NAMES. Hunter		14. MOTHER'S MAIDEN N Anna Virg	inia Hunter		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give war or dates of service)		ertha Myers	Gaithersburg	Address Rt.3 M	Id.
1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c).] L MONARY	DEMA			INTERVAL BETWEEN ONSET AND DEATH
	TERIOSCLEROTI	C HEART	DISEASE		2 yr.
gove rise to immediate couse (a), stating the under-lying couse lost.	ERERICAL T	HROMBOSIS	WITH HEMI	PLEGIA	zwk.
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE). (Enter noture of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While of world	Not while for	ACE OF INJURY (Home, farm tory, street, office bldg., etc	n, 20f. (City or town)	(Co	unty) (State
21. I certify that (I) (this hospital) attends saw the deceased alive an JUNE	led the deceased fram	1 cm //*	M, from the couses		, that (I) (we) las
220. SIGNATURE Leo M. C	1. Itis	ATTENDING _ M	ED. STAFF	and on the	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Leo M. Curtis			Wisconsin A		
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVA (Specify) 6/ 20/ 61	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, to Rockville,	wn, or county)	(Stote)
24. FUNERAL DIRECTOR'S SIGNATURE Tyson Wheeler Funeral Hom	ADDRESS TE M.	ontgomery 250 AREC		EGISTRAR'S SIGN	

certificate has been signed by the ottending physician and campletely filled e as the burial-transit permit. Then please remove carbon papers. Pages 1 burial, cremation, ar removal, and in any event, within 72 hours after death. DING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL OR A DING PH may be retained by haspital or TO FUNERAL DIRECTOR After this page 3 should be detached for us the State Board of Health prior to

in by the funeral director

VR A1S (4) 1SM 9/S9

Str in firmer Livermanuer, at , and. A STATE OF THE STA AND THE RESIDENCE OF THE PARTY 6981

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06967

1. PLACE OF D	ATH					2. USUAL RESID	ENCE (W	here deceased	d lived. If instituti		e befare/adn	issian)
	gome			MARY			lew 1				5	
RURAL and	DWN (If	autside carporate limit arest tawn)	is, write		IN 16				rate limits, write R		ive nearest to	iwn)
	osda			24 days				Island	, Freep	ort	1	
OR INSTIT	UTION	AL (If nat in haspital, g	ive stree	t address)		d. STREET AC	Jan Land		-		ON	ESIDENCE
	Clir	nical Cente	r			5	06 15	liott	Place		YES	□ NO [
3. NAME OF DECEASED		Fire	st	Middle		Last		4. DATE OF	Mor		Day	Year
(Type or prin	1)	Cora	14	Hele		McDermo		DEATH	Jun		8,	19 6
S. SEX			7. MAR	RRIED NEVER MARRIE	D	B. DATE OF BIRTH			9. AGE (In years last birthday)		YEAR IF UN	
Fema		White	WIDOW	_	_	January			46 yrs.	4	6	* *****
10a. USUAL OC during mas	CUPATIO	N (Give kind of work of	lane 10b	. KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLA	ACE (State	e ar foreign c	ountry)	12. CITIZ	EN OF WHA	TCOUNTR
Hous	ewii	řě		None		New	York			I	ISA	
13. FATHER'S N.	ME					14. MOTHER'S	MAIDEN	NAME				
Albe	rt F	laeffer		Control of	<u>(215)</u>	Josep	hine	Engle	hart			
S. WAS DECEA		IN U. S. ARMED FOR		S. SOCIAL SECURITY NO	. 17. IN	FORMANT T	e Me	dical	Record Add	ress	1000	100
No	,	yes, give was at advance of st		None	Th	e Clinic	al C	enter.	Bethesd	a 14.	Maryl	and
1B. CAUSE	OF DEA	TH [Enter only one co	use per	line far (a), (b), and (c).							INTERVAL	BETWEEN
		TH WAS CAUSED BY:	10	rtic stenos		mitral s	teno	sia			ONSET AN	ars
12	10	IMMEDIATE CAUSE (o	120	1 020 0 001100		112,0202	001-0					
	A	DUE TO	Dh	aumatia for	~~						35 1	ears
		ny, which (b)		eumatic fev	er						27 3	cars
couse (a),	stoting t		27	ulno ely at	-1	1,000						
lying cau) (c										
NO PAR	II. OTH	ER SIGNIFICANT CON		CONTRIBUTING TO DEA			THETERA	AINAL DISEAS	E CONDITION GIV	/EN IN PART	PER	FORMED?
				monary atel							YES	10N
20a. ACCID OR CONTR (IF EITHER,	ENT WA BUTING NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY O	CCURRED). (Enter nature af	injury in	Part I or Por	t II af item 1B.)			
	o. m. p. m.	Y Month, Day, Yea	While	INJURY OCCURRED Book at work		CE OF INJURY (Harry, street, affice			ar tawn)	(C	aunty)	(Sta
	<u> </u>	t /I) /this bassitul	1 - 44	ided the deceased	£	May 15.	14	67	June 8,	10 6	T short /	turn) to
Zi. i ceri	de	- d aline an dinn	8	19.61, and	rum		-120	OEDM.	V 50250 Y 5		In to the	(we) 10
22o. SIGNA		ed olive on	7	LIy_a, and	thot d	eoth occurred	01 6	CONT MOM	the couses ar	nd on the		ed abov
/	506	Er/ /s	Lev	une M.D		ATTENDING			PHIS. DO	6-8-61		SIGN
22c. PHYSIC NAME	(Type)	Robert J.	Lev	rine M.D.		The second second			ical Cen			
23a. BURIAL. CI	EMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CEM	ETERY OF				TION (City, tawn,			tate)
Bur-tra	Specify)	6/9/196		Lutheran					le Villag			
24. FUNERAL DI			-	ADDRESS		J - J	25a. REC	D BY REGIST		STRAR'S SIG		
		Pumphrey		Bethesda,	Mar	yland						
							PAIR	N 1 2 '61	Cirl	Lun S. A	ralls	

2 should be filed with the funeral director, Then pleose remove corbon popers. Poges 1 and ony event, within 72 hours after death. TO HOSPITAL OR A blook physician. The low requires that the death certificate be executed with may be rehained by haspital or attending physician.

TO FUNERAL DIRECTO, where this certificate has been signed by the attending physician and completely filled page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

1001/0/H Henri-dr.

Robert A. Pumparey Setherals, daryland

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	Long Johans Canol	St days	abitodre
	scall stolidi de		retner forbill edd
,	enii	ne Call	Non stol
	January 12, 1315 fo		ultil alma
120	and of	None	skenske
	described backers and the series of the seri		Line Backer
	mineral Carlo		
Mary di		cover bas a min.	
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family 25 . 40	The Olimical fem		A Andrews

Suther an Cometery

6982

MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

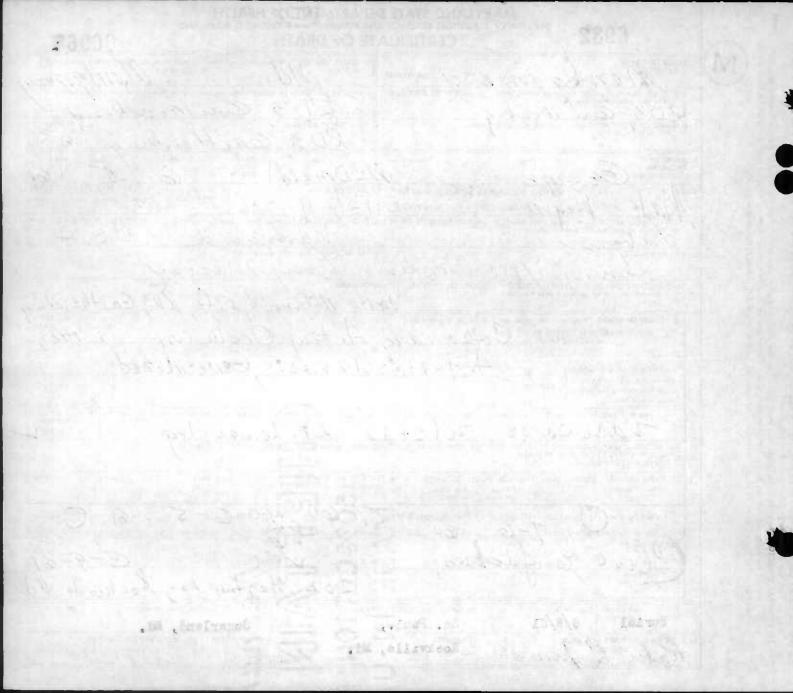
DIVISION OF STA

TISTICAL	RESEARCH	AND	RECORE	05 —	BALTIMO)RE
CE	RTIFICA	ATE	OF	DEA	HTA	

06968

1.	a. COUNTY	-	MARYLAN	o STATE		If institution: Residence b. COUNTY	before admission)
	b. CITÝ OR TOWN (If outside RURAL and give nearest tow	corporate limits, write	c. LENGTH OF STAY IN T	10/0	(If outside corporate lin	nits, write RURAL and give	e neagest town)
	RD3 Gaz H. NAME OF HOSPITAL (IF not OR INSTITUTION	theisbur	address)	d. STREET ADDRESS	3 Oal	there b	e. If RESIDENCE ON A FARM
3.	NAME OF DECEASED	First	Middle	IN RIJS	Oart.	Manth	YES NO Day Year
	(Type or print)	rge		115 Donale	DEATH	E (In years IF UNDER 1)	196/
5.	Male 8. COL	EGYO WIDOWE	ied Never Married [B. DATE OF BIRTH	1886 10st		ays Hours Min.
196	S. USUAL OCCUPATION (Give during mast or working life, e	kind of work done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11 BIRTHPLACE (SI	rote or foreign country)	2 12.CITIZE	S, A.
13.	FATHER'S NAME/	1 mc	Donald	14. MOTHER'S MAIDE	NAME Mas	on	
15. (Ye	WAS DECEASED EVER IN U. S	ARMED FORCES? 16.	SOCIAL SECURITY NO. 1	7. INFORMANT HELEN M-DOS	rald wit	Address RD3 Ga	Therebur
	18. CAUSE OF DEATH [Enter PART I. DEATH WAS IMMEDIA		ne for (o), (b), and (c).]	u Artery	Ocelu	o (con	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (o), stoting the under	e DUE TO	Arterió	scleros	is GENE	eralized	
7	lying cause lost.) (c)					
CERTIFICATION	Vari	CODE	20 CE	BUT NOT RELATED TO THE TE	Lower	EG PART I	PERFORMED? YES NO
	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	CRIBE HOW INJURY OCCL	RRED. (Enter nature of injury	in Part I or Port II of i	item 1B.)	
MEDICAL	20c. TIME OF INJURY Month Haur a. m. p. m.	h, Day, Year 20d. It While at war	Nat while	PLACE OF INJURY (Home, foctory, street, office bldg.,		vn) (Cou	unty) (Stote)
	21. I certify the (I) of saw the deceased aliv	7 -1-	led the deceosed fro	at death occurred of	1960 to 6-	19.61 couses and on the courses	
	72a. SIGNATURE	to lac	kson	M.D. PHYS.	MED. STA		226. DATE SIGNED
	22c. PHYSTCIAN'S NAME (Type)		,	22d. ADDRESS 262	Martin	Lan Rock	wille Md
236	o. BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETER St. Paul			City, town, or county)	(State)
24.	FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS ROOKVILL	. Mil	REC'D BY REGISTRAR	25b. REGISTRAR'S SIGN	ATURE
1	1 reals of -	ALLOW		DATE	HIN 2 0 761	-1 .1 0 6	

VR A1S (4) 1SM 9/59



VR A15 (4) 15M 9/59

6983

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06969

1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	deceased lived. If institution b. COUNTY	n: Residence befare admission)
MONTGOMERY		MARYLAND	M	ONTGOMERY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	Les.	de carporote limits, write RU	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of	8 DAYS	SILVER SP	RING	e. IS RESIDENCE
OR INSTITUTION	70010337	d. SIRELI ADDRESS		ON A FARM?
MONTGOMERY GENERAL	HOSPITAL	1810 BRIG	GS CHANEY ROA	YES NO
3. NAME OF DECEASED First	Middle	Lost 4.	DATE Month	
(Type or print) MARY		CDONALD	DEATH JU	
5. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Manths Days Hours Min.
FEMALE WHITE WIDOWE	D DIVORCED	6/19/1882	78 yrs.	Mulitis Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of warking life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote or		12. CITIZEN OF WHAT COUNTRY?
AT HOME		MARYLAND	, IDALTINGRE	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	Œ	
ROBERT FREE		Sus	AN BARNES	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 17. IN	IFORMANT	Addre	35
(Yes, no, or unknown) (If yes, give wor or dates of service)		Hannes Dane		Mar.
To come a community		HOSPITAL RECOR	DS, ULNEY,	MD.
1B. CAUSE OF DEATH [Enter only one cause per lin	e far (o), (b), and (c).]	12010		ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	MARCION	OF DRAIN 12	EXTERMIE!	AL Lobe Oday:
332 X DUE TO				2
Canditians, if any, which)	Bambasis	BASILAR	1 ARTE O	2 / 8 hours
gave rise to immediate	1101110131-	01101211	1////	1 0 0 0 0
couse (o), stating the under-	- NEOnlit	~ 1 142 T - a	1 - A S a / = 2	nete You
lying cause last. (c) (2- #	-NENTIL	Fd MV FI	TOSCIERO	12/2/19
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20- ACCIDENT WAS UNDERLYING TO JOH DESC	TRIDE LIGHT IN THE PLANTS	\ (F \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 0 11 -6 'tom 30 \	TEN NO L
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	KIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port	Tor Port II or Item Ib.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19 at wark	JURY OCCURRED 20e. PLA	ACE OF INJURY (Hame, form,	20f. (City ar tawn)	(County) (State)
Haur o. m. While	IAOI MIIIIE	tory, street, office bldg., etc.)		
p. m. 19 at wark	at wark	15.	4 6	
21. I certify that (I) (this hospital) ottende	ed the deceosed from_	5 31 , 12	,.to	, 19, that (I) (we) last
sow the deceased alive on	19 , and that d	eath occurred at AM	, fram the couses and	an the dote stoted above.
22a. SIGNATURE			,	22b. DATE
W that was	~	ATTENDING MED.	STAFF	SIGNED
22c. PHYSICIAN'S	1	M.D. PHYS. DIRECT	TOR PHYS.	6/1/61
NAME (Type)	Edn. M.D.		PRING. MD.	
230. BURIAL, CREMATION, 786. DATE THEREOF	23c. NAME OF CEMETERY O		d. LOCATION (City, town, or	county) (State)
BUTUEL JUNE 10, 1961	Rock Creek	Cemetery	Washered	75. W.C
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D B	Y REGISTRAR 256. REGIST	RAR'S SIGNATURE
V. Wichar Walter 2540	Farall H. ne	U. LU C DATEJUN	9 '61 Cre	my & Kraus
And the second of the second o	0000		V CON	AND A PROPERTY.

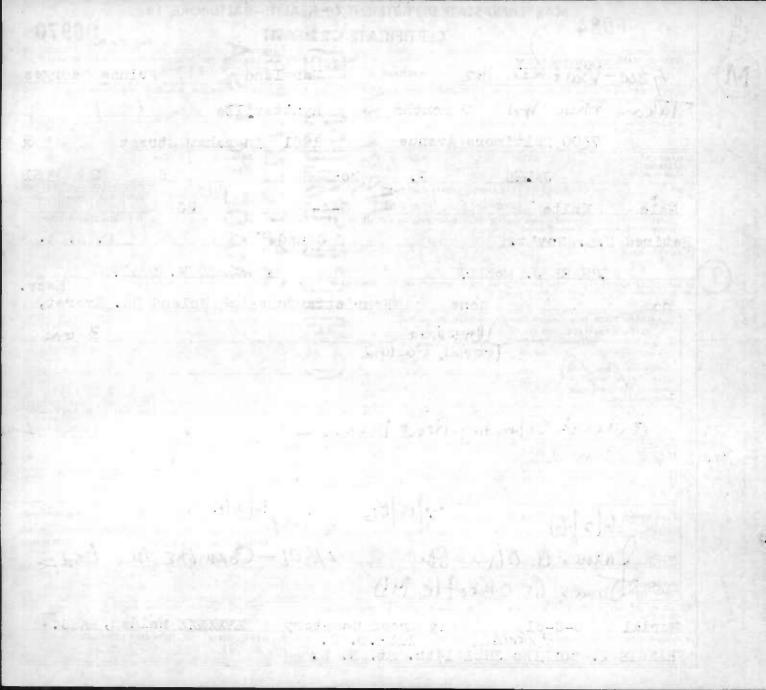
viagnovning ______onviron. The state of the s THE REPORT OF THE PROPERTY OF DESCRIPTION OF PROPERTY AND PROPERTY AND PARTY . . of . beat for the . Its. . . the comment of the state of the The the second s

O FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be fitted with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. aspital ar attending physician.

DING PHYSICIAN: The law requires that the death certificate be executed with TO HOSPITAL OR A
may be retained by
TO FUNERAL DIRECTOR VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6984 **CERTIFICATE OF DEATH**

6984		CERTIF	ICATE OF DEAT	TH		Reg. Dist. N	06970
PLACE OF DEATH MONT	GOMERY	ATZ MARYLA	2. USUAL RESIDENCE (o. STATE Mary		ved. If institution b. COUNTY	n: Residence be	efare admission) Georges
b. CITY OR TOWN (If autside PURAL and give neget to		c. TENGTH OF STAY IN	16 c. CITY OR TOWN (If outside corporot			
lakana ta	uc Wel	9 months		tsville		10	1-1-
d. NAME OF HOSPITAL (IF no OR INSTITUTION			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
730			1901		ham St		YES NO
NAME OF DECEASED (Type or print)	JAMES	Middle P	McKEON	4. DATE OF DEATH	Mont	h	Day Yeor 2 19 61
	OR OR RACE 7. MAI	RRIED NEVER MARRIED			AGE (In years lost birthday)	Months Day	AR IF UNDER 24 HRS s Hours Min.
Male WI	Lat. U.W.		INDUSTRY 11. BIRTHPLACE (Str	ote or foreign caur		12. CITIZEN	OF WHAT COUNTRY
during most of working life,	even if retired)		Canad	a		t,	. S. A.
B. FATHER'S NAME			14. MOTHER'S MAIDE	NAME			
MICHA	EL J. Mcl	KEON		MARGAR	ET W.	CRIPPS	
5. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16 war or dates of service)	S. SOCIAL SECURITY NO.	INFORMANT		Addr	ess	Mass
no		none E	Henrietta Du	mas #8	Upland	Rd. I	Everet.
18. CAUSE OF DEATH [En	ter anly one couse per						TERVAL BETWEEN
PART I. DEATH WAS	CAUSED BY:	Inama-				Q	SET AND DEATH
1 592 mme		Leval Fail	las -				
Carried St.		CRIMAL I CO	id id,				
Conditions, if any, whi gave rise to immedia	te						
couse (a), stoting the <u>und</u>	DUE TO						
lying couse last.) (c)				CALIFICAL CON	CALINA DA DE NA	TIO WAS AUTORS
	C 1	CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	RMINAL DISEASE C	ONDITION GIV	EN IN PART I(0)	PERFORMED?
	0- 26 60	he likent	Disease -				YES NO Z
20g. ACCIDENT WAS UNDE OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	SCRIBE HOW INJURY OCC	URRED. (Enter noture of injury	in Part I or Port II	of item 18.)		
20c. TIME OF INJURY Mon Hour o. m. p. m.	th, Day, Year 20d. Whil	e Nat while	De. PLACE OF INJURY (Home, foctory, street, office bldg.,	orm, 20f. (City of etc.)	town)	(Count	ty) (State
1	,	4 100	F/ 10	6/2/6	10	4	.1 1
21. I certify that I a	tended the deced	sed fram.	eath accurred at	Not to	, 19,	that I last s	aw the decease
alive an	19	, and that d	eath accurred at	M, fram th	e causes an	d an the do	ate stated above
ACTUAL SIGNATURE	ra. oti	coffe	M.D. 4501	- Con	u. Bree.	Mu.	WEYED
	s C2:01	Reetle M	0				7
PHYSICIAN'S NAME (Type)							
20. BURIAL, CREMATION, 22b	DATE THEREOF	22c. NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATIO	N (City, town, o	or county)	(Stote)
20. BURIAL, CREMATION, REMOVAL (Specify) 22b	-6-67 4	Holy Cro	ss Cemetery		M TURES		MASS.



TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate by

death. Page 4 be retained by the hospital or attending physician.

S TO FUNERAL D. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, whin 72 hours afterdeath.

P4	400	-5	-
ATTENDING P	be retained by the	TO FUNERAL DI CTOR: After th	director, page 3 should be detached
ITE	e reta	CIO	d be
	C	ď	shoul
		7	m
TO HOSPITAL	death. Page 4	ERAL	page
HOS	T	FUN	sctor,
0	dea	TO	dire
	VR	AI	5 (
	15/	W S	5 (

MADVIAND STATE DEDADTMENT OF HEALTH

	MARIENIN SIMIE D.			
DIVISION OF STATISTICAL	RESEARCH AND RECORD	S. 301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
6985		E OF DEATH		000

					000
1. PLACE OF DEATH a. COUNTY					sidence before edmission)
Montgomery	MARYLAND	Maryland		COUNTY Wic	omico
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16		(If outside corporete limit		
write RURAL and give neerest town) Bethesda (Rural)	35 days	Salisbur	v	73	1-66
d. NAME OF HOSPITAL OR INSTITUTION (if not in I		d. STREET ADDRESS			e. IS RESIDENCE
		112 014	o Arronno		YES NO
U. S. Naval Hospital 3. NAME OF First	Middle	113 Clyde	4. DATE	Month	Day Year
DECEASED			OF		
Octubes	Walter	MEARS DATE OF BIRTH		June yeers IF UNDER 1 Y	12 19 61 FEAR IF UNDER 24 HRS.
7. MAK	RIED X NEVER MARRIED		lest birth	4	eys Hours Min.
7	WED DIVORCED	3-5-30	, , , , ,	YFS.	
1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cou	inty & State, or foreign co	untry) 12. CITIZ	EN OF WHAT COUNTRY
Repairman 0:	ffice Machines	Virgin	ia		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
James W. MEARS		Mary E. C.	HANCE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT		ddress	
Yes (Ifyesgivewarordetesofservice) 5/51 to 3/52	220-26-4129 (W)	Mrs. Edoth	C. Mears, s	same as #	above
18. CAUSE OF DEATH [Enter only one ceuse pe		125. 2000	01 220002109 1	, out 0 1/2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	, .	100000000			ONSET AND DEATH
IMMEDIATE CAUSE (e)	rtre insuff hermotic he	icerry,			
DUE TO	how the	Tolar	0000		2011-
Conditions, if any, which geve rise to immediate cause	reumasic he	and and	ecse.		20913
(a), steting the underlying DUE TO					
cause lest. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITIC	N GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
EY ₀					YES NO X
	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 1	3.)	
3 20c. TIME OF INJURY Month, Dey, Yeer 20			m, 20f. (City or town)	(Count	(State)
<u> </u>	hile Not While facto	ry, street, office bldg., et	c.)		
Pint I		Marr 8	1067 . Tur	10 12 10 6	that (X) (we) last
21. I certify that X) (this hospital) attended to the saw the deceased alive on	ended the deceased from	6:	25AM'	154	A that (we) las
		death occured at	M, from the ca	uses and on th	e date stated above 22b. DATE
220. SIGNATURE BARice	, M.	·	MED. STAFF PHYS.		6-12-61 SIGNED
PHYSICIAN'S NAME (Type) B. H. RICE, L.	T, MC, USN	22d. ADDRESS U. S.	Naval Hospi	ital, Beth	nesda. Md.
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (C		
Burial (Specify) June 15/6	Wicomico Cem	etery	Wicomico (lo. Mar	ryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 25		
Holloway & Co., 414 E. Chi				arthur S.	
Torrenal a corb ir. m. ou		J AZAT DATE		Trumay 2.	/www

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Resolution Control Section Virginia

James W. Manes

The Court of the c

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10481-3 B. H. ALLES, LAT, MS, USE S. S. SANGEL HOSE SOLESHIEF VE.

But it the 15/41 Western Streets Streets Committee Commi

Milloway & Co., 414 2. Church St., Salikeburg, Ma. . 414 2 75

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

				00016
1. PLACE OF DEATH COUNTY MONTG OMERY		- STATE	Jersey GE (Whara decaasad lived, If in b. COUNT	stitution: Rasidance befora admission) Y
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outsida corporata limits, write	DIIDAL and give nearest town)
write RURAL and give nearest town)				ROKAE alla giva liadiasi lowiij
Bethesda	22hours15min			67X.3
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Suburban		64 S. Caro	lina Ave.	YES NO
. NAME OF First DECEASED	Middle	Last	4. DATE Month	Day Yaar
(Type or print) Mary E. Mehan			DEATH June	17 1961
SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED 18.	DATE OF BIRTH	9. AGE (In years	
		3/23/86	last birthday)	Months Days Hours Min.
female white wnow	F2			1 12. CITIZEN OF WHAT COUNTRY
0s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		nty & Stata, or foreign country) Hand, Penn.	U.S. A.
Fur finisher (retire	ed) Furrier		101111	0.D. M.
3. FATHER'S NAME		14. MOTHER'S MAIDEN		
ohn R Frank- Wilson		Unknown	? Knightie	
	SOCIAL SECURITY NO. 17. II	NFORMANT	Address	
Yas, ngg unkown) (Ifyasgivewarordatasofservica)	50-09-3394 Ma		Maria Caracteria	
	IATO	Ty Muer 4T	Maytide St. Pit	
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).)	0	0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	100 May 2 MA	scular.	recident	ONSET AND DEATH
IMMEDIATE CAUSE (a)	2000 000	11-07	- CCC	10000
443 X DUE TO D	7		. 0 0:	avento
Conditions, if any, which (b)	ype leuter	cardiol	roscular di	rease years
gava risa to immadiata causa				
(a), stating the underlying cause last.	V'			
10/	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a) 19. WAS AUTOPSY
The state of the s		I The I LEWIN		PERFORMED?
				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED.	(Entar natura of injury in	Part I or Part II of Itam 18.)	
20c. TIME OF INJURY Month, Day, Year 20d	, INJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, far	m, 20f. (City or town)	(County) (Stata)
Hour a.m. Whi	leNot Whila facto	ory, straat, offica bldg., at		
p.m. 19 at we	ork et work	VIMO	! wene	
21. I certify that (I) (this happing) atte	nded the deceased from	Feb. 16	19 (0.6 10 1000)	7, 19(0/, that (I) (we) las
saw the deceased alive on		death occured to	() (V) 1. /	and on the date stated above
22a. GIGNAFORE)	uter to M	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	G 17 G
22c. PHYSICIAN'S NAME Typa	to I No	22d, ADDRESS	1 - NA -11 D	1 R D.11
3a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	DR CREMATORY	23d. LOCATION (City, tow	n or county) (State)
REMOVAL (Specify)		a de co const	Montgome	Md.
Burial June 21,1961	Parklawn Ceme		Montgomery Co	
Varner E. Pumphray, Inc.	., Silver Spring	Md.	C'D BY REGISTRAR 256. REG N 2 6 '61 Class	WAT & HEALT
		I DV ([III]	N / n UI Chil	WIT A THAIL

TO HOSPITAL Tetained by the hospital or attending physician.

So death. Page 4 ma retained by the hospital or attending physician.

TO FUNERAL DIN TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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27630 TESO (200) The state of the s . contraction and a The state of the s the control was all the all and the state of the state Tarner stort, as received to tens this posts course. Bering Child Barilland Ametric Monthly Construction Const when it was the , bulver spring, an.

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PERFORMED? YES NOT

(County)

(Stote)

1961

06973 6987 Rea. Dist. No. PLACE OF DEATH CARROLL HALL REST HOME 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) G. STATE WASHINGTON. D.C. b. COUNTY o. COUNTY MONTGOMERY MARYLAND b. CITY OR TOWN (If autside carparote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KENS INCTON. 6 YRS WASHINGTON D.C. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS CARROLL HALL REST HOME. 1427 MONROE ST N.E. YES NO 4. DATE NAME OF Middle Manth DECEASED TOHANNA OF DEATH MERKEL (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years B. DATE OF BIRTH lost birthday) Months Days REMALE WHITE SEPT 4 1876 WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote ar foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) HOUSE WIFE HOME GERMANY. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AUGUST RAULINA JOHANNA SHOEMACHER. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO MR FRED BRICK A RAULIN. 13010 COLESVILLE ROAD SILVER SPRINGEMD BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line, for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: HROMBOSIS ONARV IMMEDIATE CAUSE (o DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f, (City or town) 20d. INJURY OCCURRED Doy, Year factory, street, office bldg., etc.) Haur a.m. While Nat while

at work ot work p. m 21. I certify that I attended the deceased fram DEC 1955, to JUNE 27, 1961, that I last saw the deceased

, and that death accurred at 7: 14 AM, from the causes and an the date stated above 1961 DATE SIGNED ADDRESS (Street, city or town, state)

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, ar county) (State) 22c. NAME OF CEMETERY OR CREMATORY

CEDAR HILL CEMETERY

24b. REGISTRAR'S SIGNATURE 24a. REGID OF REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE
W. K. HUNTEWANN arthur S. Hrank DATE WASHINGTON. D.C.

VS A15 (4) 15M 9/5B

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certificate has been si e as the burial-transit

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FORCE STATE AND A SECURITY OF THE SECURITY OF O TO SEVERE SEASON LARY MUNICIPAL ST N. M. THE A STOLL NAME AND PARTY. SAIT = INC STIE - LINK .YRANEEO * * * SECUREDIS ASSAURT CANA MALITERADO GENER CHICAGO A NOTER GARA EM BEVATA DUTE OF LITT KNOW * ** *** **** **** A STATE OF THE STA

M. Dontage M. abaudigo 1901 , 21 washenda Ser research to may the 302 whet week 1200 Rest wird Assime, Apt. 302 contract Transfer grand atom Since poer are recommended to the second sec outurates and first described linear described bisolate, the same and the same of the BARK BURGETT AND STANDARD OF TOTAL STANDARD

William Leading Victoria Committee C married . Districted the Billion Billion of the Control of the Con

iaspital ar attending physician.

TO FUNERAL DIRECTO TO HOSPITAL OR A

VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06975

1. PLACE OF DEATH 5. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (V g. STATE Indiana		b. COUNTY	: Residence befo	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate li	mits, write RUF	RAL and give ne	arest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION The Clinical Center, Bet	oddress)	d. STREET ADDRESS Box 168				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Anna	Middle Louise	Meyer .	4. DATE OF DEATH	Month June	00	Yeor 19 61
S. SEX Female 6. COLOR OR RACE White Widow	RIED NEVER MARRIED A	8. DATE OF BIRTH August 26,	las		Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Captain (Nurse) 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote Indiana) 14. MOTHER'S MAIDEN	ana			F WHAT COUNTRY?
George J. Meyer 1s. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. II	Anna Maye		- 9 Addan		
(Yes, no, or unknown) (If yes, give wor or dates of service)		NFORMANT The Me				aryland
Conditions, if ony, which gove rise to immediate couse (o), stating the under-	astrointestina intestinal Obstarcinoma of Re	ruction	MINAL DISEASE CON	IDITION GIVER	ON	2 weeks 3 years 19. WAS AUTOPS' YES NO [
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of	item 18.)		
OD While ot wor	Not while fo	ACE OF INJURY (Home, for ctory, street, office bldg., e	rm, 20f. (City or to	wn)	(County)	(Stote)
21. I certify that (I) (this haspital) attends aw the deceased alive an June 20 220. SIGNATURE	19 61 , and that o	death accurred a 2 3		ne 20 causes and	, 19_ 61 , th an the date	nat (I) (we) last e stated abave. 22b. DATE 65/21ED
22c. PHYSICIAN'S NAME (Type) W. WALTER OPEKI		22d ADDRESS COM	e Clinica	1 Cente	r. Nat	ional 4, Md.
20 20 20 20 20 20 20 20 20 20 20 20 20 2		D COSTA TORY	TOOL TOOLS	e		
230. BURTAL, CREMATION, 23b. DATE THEREOF 24 JUNE 1961	23c. NAME OF CEMETERY C	OR CREMATORY	HAUBS	TADT	IND,	(Stote)

HAUG TO STADENTS TO

The Olivior Center, Schuera la, 181. How les toon Louise Hayor ... Tangle | Milte August 25, 1924 36 Cartain (Margo) U.S. Air Force Andrews . . . Arms Fayer The Medical Lection en'l ton Freezing . All absorber , comed Lautatil and Bill-22-508 Jassett cet . Drinist. analicental (antidesfaichtage notherstadd Inchigathi AT DELY C over the tip and the state of

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Washington the Z MARYLAND Montgomery pue b. CITY OR TOWN (if oulside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give eares) how write RURAL and give neerest town) days SHagerstown after = Silver Spring Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? hours Ave monito YES NO X 2224 Washington Avenue papers. NAME OF Middle DECEASED (Type or print) Tryin Middlekauff DEATH 19 61 Ray June carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) and Male WIDOWED DIVORCED 0 hysician 1De. USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Salesman IISA Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME RO a please attending Downin Amelia Mazgaret Daniel J. Middlekauff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yes giva war or dates of servica) Stella Middledauff-wife-same 219-20-1458 2d the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] REBRAI 14ROMBOSIS PART I, DEATH WAS CAUSED BY physic igned IMMEDIATE CAUSE (a) the burial-transit DUE TO ANTERIOSCIEROSIS GENERALIZED Conditions, if eny, which geva risa to immediate cause DUE TO (e), steting the underlying E PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)| 19. WAS AUTOPSY certificate PERFORMED? NO M 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 (County) (Stete) 20c. TIME OF INJURY Month, Dey, Year fectory, street, office bldg., etc.) Whila Not While RONER et work at work TOR: 21. I certify that (I) (this hospital) attended the deceased from 15.Jun., 1961, to 14.1. (1) (we) last DUNE 1961, and that death occurred at 10.20 Perion the causes and on the date stated above saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING MED. PHYS. DIRECTOR STAFF mars PHYS. HOSPITAL sath. Page 4 FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 1407 Woodside Pkwy. Silver Spring Cuviller, Jr 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0.50 Hagerstown, Laryland Burial 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Andrew K. Coffnan Hagerstown, Maryland DAMUN 19'61 arthur & Thous

RYLAND STATE DEPARTMENT OF HEALTH

Hondre Spring

allyer Spring

2226 washington Avegue

All Spring

L. marshall duviller. Jr 1407 Woodside Flov. Silver Spring

The few M. Col age (September 1997) and the few man and the fe

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06977

UAL RESIDENCE	(Where deceased	livad, If Institutions	Rasidanca	befora admissio
TATE D.C.		b. COUNTY		
		TATE	TATE b. COUNTY	

V	PLACE OF DEATH				2. USUAL	RESIDENC	CE (Where	deceasad livad, If	Institution: R	asidanc	a befora a	dmission)
4	a. COUNTY	+			a. STATE	D.C.		b. COUN	YTY		1/	
1	b. CITY OR TOWN (if	tgomery	ibr	MARYLAND				rporata limits, writ	e PIIRAL and	aiva n	earest tow	n)
Y		giva nearest town)	113,	c. LENGTH OF STAT IN T	c. CIII	JK 10 4414 (II	i ouiside co	rporala ilititis, will	# KUKAL BIIG	giva ii	agiesi iow	
	Bet	hesda		12 days		Wash	ingto	n			1	X
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street addrass)	d. STREE	T ADDRESS					e. IS RE	
	Caslan					7/70	N C	+ 17 707	Ant 5	00	YES T	NO T
3	NAME OF	urban		Middle	Last		4. DATE	t., N.W.		Day	Year	
1 .	DECEASED	11131	1	/ middle	Casi		OF			Day	1001	
	(Typa or print)	S	210207	tore John	Mist	retta	DEAT	'н 6		27	19	61
5.	SEX	6. COLOR OR RACE	7. MARRIEL	NEVER MARRIED	8. DATE OF BIE	RTH		9. AGE (In years	IF UNDER 1	YEAR	IF UNDER	24 HRS.
	Mala	White	WIDOWE		10/12	1777		last birthday) 43 yrs.	Months D	Days	Hours	Min.
10:	Male USUAL OCCUPATION	White	1	ND OF BUSINESS OR INDU		1 4 5 5 1 5 - 1 - 1	tu 9 Ctata	or foreign country)	112 CITI	ZEN OF	WHAT C	OLINTRY
	na during most of wor			IND OF BUSINESS OK HADO	SIRI II. DIKIMP	LACE (Count	iy or siala,	or totalgit country)	12. 0111	ÇLIN OI	WIIAI	OUNTRIL
	ATTO	RMEY	Uas	S. Vet. Adn	1. WAS	SHING	TON.	D. C.		. S	. A.	
13.	FATHER'S NAME				14. MOTHER							
	TOI	IN MISTRE	A mm			PITIT	TE H	FATY				
15	WAS DECEASED EVE		The state of the s	SOCIAL SECURITY NO. 17	INFORMANT	the latest plants of the	نبذ فلبا	Addras				. 5
	s, no, or unkown) (If				. 1141 OHI-11111			7100103	2406	Ec	cles	ston
	VES 6	-3-42 1-1	12-46	11-10-1002	LVEIY	YS.	MIST	REGITIA - S	ilver	Sr	72. 1	d
	18. CAUSE OF D	EATH [Enter only ons	causa par	ing for (a), (b), and (c).)		0	4.2.00.20				RVAL BET	
-		WAS CAUSED BY:	15	achingto	111 17	ull,	10			ON	1	Pin-
1	11	MMEDIATE CAUSE (a)	- 1-	Wagner Co		- 4000				_	1-0-	-
	1001	DUE TO	ī	20 1	()	0		1			. 0	0.
	Conditions, if any	(0)	1	Norche	colones	1	anc	22072	le	100	vera	2/1
	gava risa to immadia	DILL TO		10	0,1			4	1 0	1	mo	with
	(a), stating the un	dariying		with	exton	11.1	1 and	141/ -220	tration	7		
7	-	SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT	NOT BELATED TO	THE TERMIN	VAL DISEAS	E CONDITION GIV	VEN IN PART	1/01/ 19	WAS A	LITOPSY
Q	PART II. OTHER	SIGNIFICANT CONDI	mons con	TRIBUTING TO DEATH BOT	NOT KLEATED TO	tile levadi.	The places	L CONDITION OF	VEIN IIN I PART	1(0)	PERFO	RMED?
13	1724 Day									Y	ES 📉	NO .
CERTIFICATION	20a. ACCIDENT WA		20b. DES	CRIBE HOW INJURY OCCU	RED. (Enter nature	of injury in F	Part I or Par	t II of item 18.)				
8		CAUSE OF DEATH MEDICAL EXAMINER)										
	200 TIME OF INTUIT	RY Month, Day, Ya	ne 20d	NJURY OCCURRED 20a.	PLACE OF INJURY	(Home farm	206 (0	City or town)	(Cour	ntv)		(State)
MEDICAL	Hour a.m.	t, monin, bay, re	Whila		factory, straat, offi			,,	(000)	,		,
ME	p.m.	19	at wor	k at work			10	1				
	21. I certify th	at (I) (this hospi	tal) Attend	ded the deceased fro	m6/15		19.61. 1	06/2	7, 19.(and th	at (1) 4	we) last
		ed alive on	1-17	7 10/1/ 11								
	22a. SIGNATURE		7	1	1	,	1					DATE
1	M	chold,	h H	Salar	M.D. ATTEND		MED. DIRECTOR	STAFF PHYS.		6	127	IGNED
A-	22c. PHYSICIAN'S		1		22d. Al	DARESS		/			,	167
4	NAME (Typa)	MICHAE	IL N	1, HEALY	' H	1754	ING	TON (2	INIC	7		
22	B. BURIAL, CREMATIC	ON 1235 DATE THE	REOF	23c. NAME OF CEMETER	RY OR CREMATO	RY	123d. LC	CATION (City, to	wn or county	1)	(Si	tata)
23	REMOVAL (Spacify)			act. HAME OF CEMETE	. CREMATO			(0,7)			,,,,	
	Burial	6-30-6	51	ARLINGTON	NATION	AL.		TINGTO	N.		77.4	
24	FUNERAL DIRECTOR	S SIGNATURE 7. 7	Colle	ADDRESS ASI	L.D.C.	25a. REC	C'D BY REG	ISTRAR 25b. RE				
1	IRINCIS	J. COLLI	INS 3	031 141H. S	31. N. W.	DATEJU	N 3 0 '	61 a	rthur S.	That	4	

TO HOSPITAL ATTENDING PHYSICIAN: Ine law requires mentally adeath. Page 4 in the formulation of the hospital or aftending physician.

Fig. 4 death. Page 4 in the retained by the hospital or aftending physician and completely filled in by the funeral second page 5. To FUNERAL DY CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral second page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

06922 Wr. s = Stank and restar to minor some A.S. SWO IN SKEN DRIVEN TO HERE MICHARD PRO HERRY CONDERS CONDE

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
6992
CERTIFICATE OF DEATH

					00013
1. PLACE OF DEATH				NCE (Where deceased lived, If institution	Residence before edmission)
	ntgomery	MARYLAND	e. STATE Mar	cyland b. COUNTY M	ontgomery
b, CITY OR TOWN (in	f outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporete limits, write RURAL	
Chevy C	give neerest town)		Chevy	Chase	4
	AL OR INSTITUTION (if not in hospi	tel, give street eddress)	d. STREET ADDRESS	5	. IS RESIDENCE
7110	- 45th Street			45th Street	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE Month	Dey Year
(Type or print)	CLARA	В.	MORRIS	DEATH June 7, 1	961 19
5. SEX	6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDE	
Female	White WIDOWED		5/4/69	92 yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATI	ON (Give kind of work 10b, KIN		-1 11	inty & State, or foreign country) 12. (CITIZEN OF WHAT COUNTRY?
Housewi:	rking life, even if retired)		Tonice	Illinois	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		0.D.A.
William B	Boyley			J. Potter	
	ER IN U.S. ARMED FORCES? 16. SO	OCIAL SECURITY NO 1 17	INFORMANT	Address	
(Yes, no, or unkown) (If	yesgivewerordetesofservice)	OCIAL SECONITI NO. 17.	Alta Marie		- 42
no		none	WILE WELLE	Morris same a	"
	EATH [Enter only one cause per line was CAUSED BY:	e for (e), (b), end (c).]			ONSET AND DEATH
	IMMEDIATE CAUSE (0) Bron	chial pneumo	nia		3 days
1334X	DUE TO				
Conditions, if eny	, which) (b) Seni	le dementia			4 mos.
geve rise to immedia (e), steting the un	PULL TO				
ceuse lest.	(c) Cere	eberal & gene	ralized arte:	rio-sclerosis	10 yrs.
Z PART II. OTHER	1-7			LINAL DISEASE CONDITION GIVEN IN PA	
Severe 20% Accident WA OR CONTRIBUTING OR CONTRIBUTING (If EITHER, NOTIFY	osteo arthritis				PERFORMED?
E 200 ACCIDENT W		RIBE HOW INJURY OCCUR	D. (Enter neture of injury in	n Pert I or Part II of item 18.)	112 [] 110 []
OR CONTRIBUTING	CAUSE OF DEATH	NDE NOW INSORT OCCOR	(cinci notare of mjary n	, , , , , , , , , , , , , , , , , , , ,	
		HIEV OCCUPATED I DO DE	ACT OF BUILDY (II	1 201 (6'h) 1)	ounty) (Stete)
20c. TIME OF INJU	RY Month, Dey, Yeer 20d, IN While		ACE OF INJURY (Home, fer ctory, street, office bldg., et		ounty) (Stere)
Print	19 et work	et work			
21. I certify the	hat (I) (this hospital) attende	ed the deceased from	Aug-Dec	1929, to June , 1	9.61, that (I) (we) last
saw the deceas	ed alive on 6 June	1951 and the	at death occured at 1	2:35 Phom the causes and or	the date stated above
22e. SIGNATURE	00				22b. DATE SIGNED
	(John 15.13	all	M.D. PHYS.	MED. STAFF DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S			22d. ADDRESS		
NAME (Type)	John G. Ball, M.	.D.	7936 Geo	rgetown Rd., Bethes	sda. Md.
23e. BURIAL. CREMATIC		230 NAME OF CEMETERY		23d. LOCATION (City, town or cou	
REMOVAL (Specify)	1 10 11 =	-64			
PEMOVAL 24 FUNERAL DIRECTOR	6/8/61	ABDRESS C.	3T 1J 250 DE	Tonica, Illin	S SIGNATURE
The S.H.	Hines Co. 47	Ol ATHTh St	- 14 - 44 -	104	
T110 - 111	W/a	shington 9	DATE W	JULY O UI Chilling	S. Firms

TO HOSPITAL (retained by the hospital or attending physician.

TO FUNERAL DIE COR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	0000					
1. PLACE OF DEA				NCE (Where deceased		idence before admission)
	ontgomery	MARYLAND	o. STATE D.	.C.	b. COUNTY	
b. CITY OR TOWN	N (if outside corporata limits,	c. LENGTH OF STAY IN 16		N (If outside corporete lin	nits, write RURAL and g	ive neerest town)
	end give nearest town)	5/21/61	Wag	hington	41 x - 2	2
d. NAME OF HOS	SPITAL OR INSTITUTION (if not in		d. STREET ADDRES	hington	11/2	. IS RESIDENCE
		nospinos, giro anos. a deciso,			37	ON A FARM?
	Nursing Home		6348 -	31st Plac		YES NO
3. NAME OF DECEASED	First	Middla	Last	4. DATE OF	Month	Dey Yeer
(Type or print)	LILLIE		MOURER	DEATH	6	21 19 61
5. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	DATE OF BIRTH		In yeers IF UNDER 1 YE	
Femele		OWED TO DIVORCED TO	7/1/1865	95	yrs. Months De	ys Hours Min.
Female 10a. USUAL OCCUP	144 (77.00	b. KIND OF BUSINESS OR INDUSTR		ounty & State, or foreign		N OF WHAT COUNTRY
done during most of	working life, even if retired)					TT C 4
Housew				le, Pa.		U.S.A.
IS. FAIRER S NAME			14. MOTHER'S MAID	EN NAME		
	William Hartm	an		Amelia	a Guise	
	EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address 6 348-	31st Pl.N
no	(11)0091104010101010101010101010101010101010	none Mr	s. Elsie	M Birler	-Washing	
IB. CAUSE OF	F DEATH [Enter only one couse p					INTERVAL BETWEEN
Conditions, if e geve rise to imm (e), steting the ceuse lest.	nedieta ceuse underlying DUE TO (c)	CONTRIBUTING TO DEATH BUT NO		wall DISFASE CONDIT		ali 19. WAS AUTOPSY
CATIO						PERFORMED?
OR CONTRIBUTIE	WAS UNDERLYING ☐ 20b. NG ☐ CAUSE OF DEATH IFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury	in Pert I or Pert II of item	18.)	
ZOc. TIME OF IN Hour a.n	m. V		CE OF INJURY (Home, fory, straet, office bldg.,		n) (County	y) (State)
21. I certify	that (I) (this hospital) at	ttended the deceased from		., 19, to	19	, that (I) (we) las
22e, SIGNATUR		, and mor	dedili occured di			
de	any A Ca	refor "	.D. ATTENDING PHYS. 22d. ADDRESS	MED. STA		6/21/61 DATE
NAME (Ty		lton	1522 F1	ora Ct. S:	17 Sp M	6
23e. BURIAL, CREM. REMOVAL (Spec	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(State)
Bunial	6/21/61	Westminster	Cemetery	Carlis]	e, Penna	•
24 FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS	25e.	REC'D BY REGISTRAR	256. REGISTRAR'S SIG	GNATURE
The S.		pany-Washingto	on.D.C.	HIN 2 3 '61	within & 2	Kraus

urs after filled in by the funeral Pages 1 and 2 should Then please remove carbon papers. Pages over, and in any event, within 72 hours affigure death. Page 4 may retained by the hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou

TO HOSPITAL C death. Page 4 may

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	6994		CERTIFICA	TE OF DEATH			06	981	
4	1. PLACE OF DEATH G. COUNTY MONTGOMERY		MARYLAND	2. USUAL RESIDENCE (W o. STATE MARYL	t	If institution COUNTY	MONTGOM		on)
	b. CITY OR TOWN (If outside RURAL and give nearest to	corparote limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate lin	nits, write RU)
3	d. NAME OF HOSPITAL (IF no OR INSTITUTION			d. STREET ADDRESS	SBURG				IDENCE FARM? NO M
	3. NAME OF DECEASED (Type or print)	GENERAL H	Middle	Last NEWMAN	4. DATE OF DEATH	Month		ay \	reor 19 61
	S. SEX 6. CO		RRIED NEVER MARRIED	B. DATE OF BIRTH 4-22-1895	9. AG last 66	E (In years	IF UNDER 1 YEA Months Days	1	
	10a. USUAL OCCUPATION (Give during mast af working life HOUSEWIFE	kind of work dane 10t	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State			12. CITIZEN C	F WHATC	OUNTRY?
1	13. FATHER'S NAME	IAM E. SMIT		14. MOTHER'S MAIDEN			(TA)		
1	15. WAS DECEASED EVER IN U.			NFORMANT	RECORDS,	Addre		AND	
	Conditions, if ony, wh gave rise to immedicouse (o), stoting the und lying couse last. PART II. OTHER SIG	CAUSED BY: DIATE CAUSE (a) DUE TO ich obe (c) DUE TO (c) NIFICANT CONDITIONS	or Liver has the contributing to Death But		in Bri		ne on	PERFO	DEATH h
	20c. TIME OF INJURY Mar	th, Day, Year 20d.	e Not while fo	LACE OF INJURY (Home, far ectory, street, affice bldg., et	m, 20f. (City or tay		(County)	(State)
		this hospital) atter	nded the deceosed fram.	death occurred at a	M, fram the c	causes ond	19 <u>6</u> /, t I on the dot	e stoted	
de contra de	NAME (Pre) JA 1 23a. BURIAL, CREMATION, 23Ł REMOVAL (Specify)	CK SCHUMACH DATE THEREOF DATE THEREOF	23c. NAME OF CEMETERY C	GAITHE!	23d. LOCATION ((Stot	e)
	24. FUNERAL DIRECTOR'S SIGN		ADDRESS Damascus	2Sa. REC	D BY REGISTRAR	2Sb. REGIST	TRAR'S SIGNATI		

Page 4

by the funeral directar, d 2 should be filed with pup

TO HOSPITAL OR A saspital or attending physician.

TO FUNERAL DIRECTOR (feer this certificate has been signed by the attending physician and campletely inted page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

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	Little Company		

DIVISION OF STATISTICAL RESEARCH h and records, 301 w. preston street, baltimore 1, maryland CERTIFICATE OF DEATH 06982

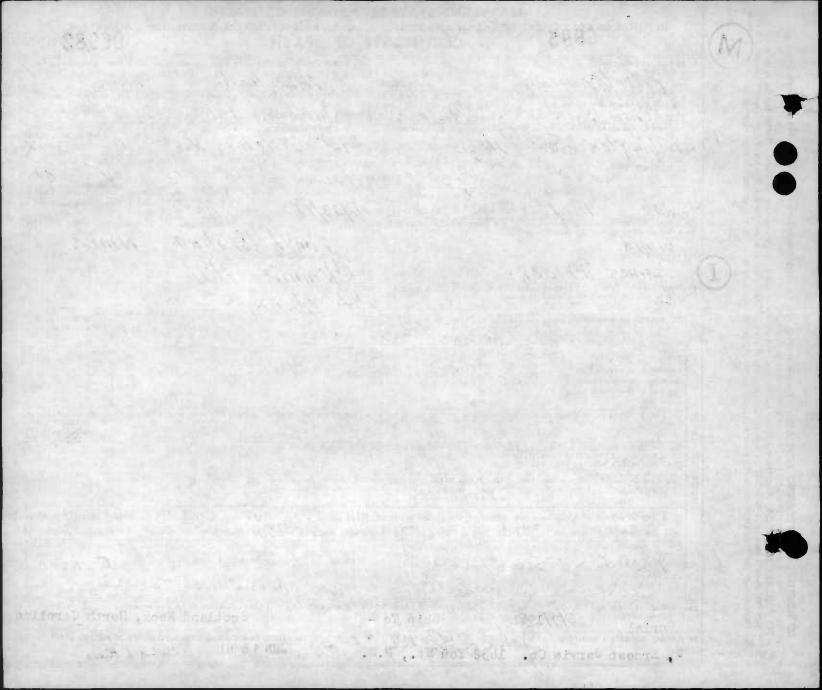
	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
9	MONTGOMERY MARYLAND	a. STATE MARY/ANd. b. COUNTY MONT
	b. CITY OR TOWN (if satiside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
	dAKOMA PARK . Hdays	JAKOMA PARK
20	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
-	MAShINGTON DRN & HOSP	139 KITCHIE KUE YES NO K
	3. NAME OF DECEASED (Type or print) AME AME AME AME AME AME AME AM	Salsow DEATH G 4 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	FEMALE NEGLO WIDOWED DIVORCED	6/23/17 lest birthday) Months Days Hours Min.
1	10e. USUAL OCCUPATION (Give Ind of work done during most of working life, even if retired)	Y II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13, FATHER'S NAME	Florth CAROLINA HMER.
7	13. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME
5	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NEORMANT Address
	(Yes, no. or unkown) (If yes give war or dates of service)	Of Chapx
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: CARDIAC TAME	PONADE ONSET AND DEATH
	O 2 2 X DUE TO	
	Conditions, if any, which) (b) RUPTURED ADR	TIC ANEURYSM
	gave rise to immediate ceuse (e), stating the underlying DUE TO	
	cause last. (c)	NATIONAL STATES TO THE TERMINAL DISEASE CONDITION CIVEN IN BART WALLSO WAS ALITORSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH 205. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		. (Enter nature of injury in Part I or Part II of item 18.)
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	Hour e.m. While Not While fect of work at work	ory, arou, once arage, orely
		MAY 21 , 1961, to JUNE 4 , 1961, that (1) (wa) last
	saw the deceased alive on JUNE 3 1961, and that	death occured at 7
)	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 6-4-61
	NAME (TYPER PLA C. QUINNAM FR.	7600 CARROLL AVE. TAKOMA PARK, MD.
	23e. BURIAL, CREMATION, 23b. DATE THEREOF Ship To -	or CREMATORY 23d. LOCATION (City, fown or county) (State) Scotland Neck, North Carolina
	24 FUNERAL DIRECTOR'S SIGNATURE John & Appress les	653 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
0 - 0	W, Ernest Jarvis Co. 1432 You St., N.V	DATE JUN 15 '61 arilus & theus

TO HOSPITAL GENERAL DISCOUNCE PHYSICIAN: The law requires that the death certificate be the rithin 2 ours after death. Page 4 may a retained by the hospital or attending physician.

TO FUNERAL DISCOUNCE: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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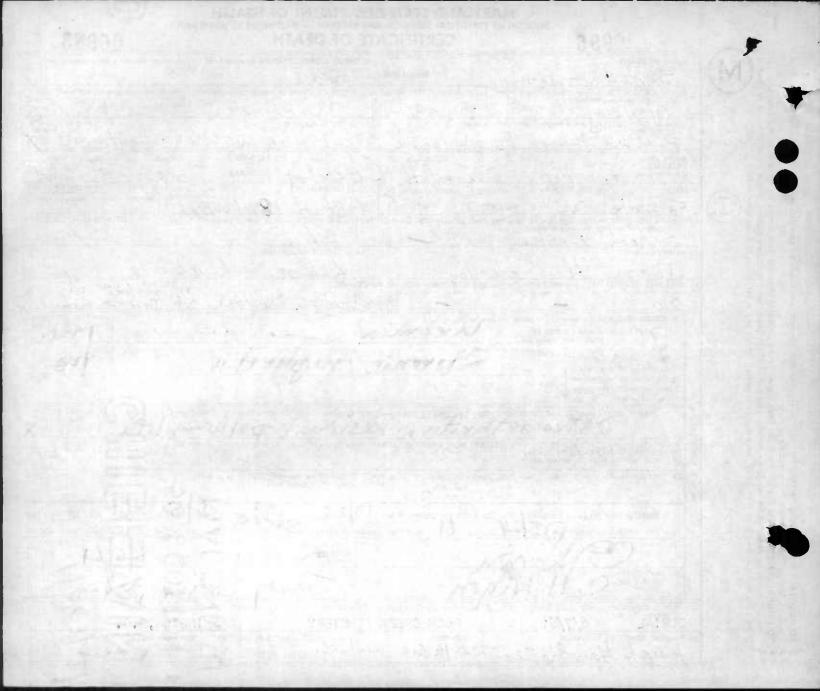
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	o. COUNTY	MARYLAND	o. STATE	b. COUNTY	
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and give pearest town)	5
	Olney	Dyrs 2mo	Washingto	n 4/X-	2
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	eet oddress) U	The Dresden 212	e. Is residence on a FARM	
3.	NAME OF First	Middle	11120 00001	Manth Day Year	_
	DECEASED (Type or print) Portion	Meredith (Ober 1 4. DATE OF DEATH	June 5. 196/	/
S.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H Ist, birthday) Months Days Hours Min	_
	Female W WIDO	WED DIVORCED	Sept. 4 18748	Months Days Hours Min	n.
100	a. USUAL OCCUPATION (Give kind of work dane luduring mas) of working life, even if retired)	Ob. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE Stote or fareign co	ountry) 12. CITIZEN OF WHAT COUNTR	RY?
	School teacher		Onio	ellaA.	
13.	FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME	1	
	John H. Ob.	erly	Alejen 201	uchers 1	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? ss. no, or unknown) (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. IF	NFORMANT	moriches Rdi	1
	20 -	- m	45 VITGINIA MAIDY.	e St. JAMES L.I. Y	1.
	1B. CAUSE OF DEATH [Enter only one couse pe			INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	NX DW		Imb.	
4	DUE TO	Ohim.	1/2. 7.	7.4	
	Conditions, if any, which) (b)	- III KONI	· MODINI	12	
	agve rise to immediate		2. 14.1		_
	gave rise to immediate couse (o), stoting the under-		4		
7	gave rise to immediate couse (o), stoting the <u>under-lying cause last.</u>		4		nev.
VIION	gave rise to immediate couse (o), stating the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH, BUT	NOT RELATED TO THE TERMINAL DISEAS	E CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPPERFORMED?	
FICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION	Chritis, 1	esitual pol	WWY YES NO	
CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION	Chritis, 1	NOT RELATED TO THE TERMINAL DISEASE D. (Enter noture of injury in Part) ar Part	WWY YES NO	
MCAL CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20c.	DESCRIBE HOW INJURY OCCURRED 1. INJURY OCCURRED 20e. PL	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, 20f. (City	YES NO	X
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Whour o. m.	DESCRIBE HOW INJURY OCCURRED 1. INJURY OCCURRED 20e. PL	D. (Enter noture of injury in Part) ar Part	YES NO	X
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MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Whour o. m.	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED ile Not while for work at work at work are medded the deceosed from	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, ctory, street, office bidg., etc.)	PERFORMED? YES NO.	ote)
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 21. I certify that (i) (this hospital) often	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED ile Not while for work at work at work are medded the deceosed from	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, totory, street, office bldg., etc.) 20f. (City totory, street, office bldg., etc.)	or town) (County) (Storage Storage S	ast ve.
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Day, Year Hour o. m. 19 work of the saw the deceased olive on.	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED III Not while of work of two work of two work on the deceased from	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, ctory, street, office bidg., etc.) 100	or town) (County) (State Causes and on the date stated above	ast ve.
MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 21. I certify that (I) (this hospital) ofte saw the deceased alive on 19	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED III Not while of work of two work of two work on the deceased from	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 102 103 104 105 105 105 105 105 105 105 105 105 105	or town) (County) (State of the causes and on the dote stoted obout STAFF (County) (County) (State of the causes and on the dote stoted obout STAFF	ast ve.
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SE MEDICAL CERTIFICATION	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of the condition of	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED II. Not while work at work a	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 195 to deoth occurred of M. from M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR 22d. ADDRESS	or town) (County) (Stored Start Phys. County) (Stored Start Phys. County) (Stored Start	ast ve.
	gave rise to immediate couse (o), stoting the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 21. I certify that (I) (this hospital) of the saw the deceased alive on 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED I. Not while work at work a	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 195 to deoth occurred of M. from M.D. PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR 22d. ADDRESS	or town) (County) (Stote) STAFF PHYS. (Stote) ASHINGTON, D.C.	ast ve.
	gave rise to immediate couse (o), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 of the saw the deceased olive on 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) a. BURIAL, CREMATION, 23b. DATE THEREOF 6/7/61	DESCRIBE HOW INJURY OCCURRED I. INJURY OCCURRED I. INJURY OCCURRED I. Not while I.	D. (Enter noture of injury in Part) ar Part ACE OF INJURY (Hame, form, ctory, street, office bidg., etc.) D. (City office bidg., etc.) D. (City office bidg., etc.) D. (City office bidg., etc.) P. (City office bidg., etc.) D. (City office bidg., etc.)	or town) (County) (Stote) STAFF PHYS. (Stote) ASHINGTON, D.C.	ast ve.

Page 4

D FUNERAL DIRECTOL After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the Stote Board of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. ING PHYSICIAN: The law requires that the death certificate be executed wi aspital ar attending physician.

TO HOSPITAL OR A may be retained by TO FUNERAL DIRECTO. VR A1S (4) 1SM 9/S9



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY MONTGOME	ery	MARYLAN	a. STA		nere deceased lived. b	COUNTY	idence before ontgome	
b. CITY OR TOWN RURAL and give r	(If outside carporote limits, write nearest tawn)	c. LENGTH OF STAY IN		or town (If a	nutside carporate lim	its, write RURAL a	ind give neares	t tawn)
d. NAME OF HOSPI	ITAL (If not in hospital, give streety General H	oddress)	11	REET ADDRESS	Nu.	1		S RESIDENCE ON A FARM? ES NO X
3. NAME OF DECEASED (Type or print)	First Loretta	Middle NMN	O'Cor	nell	4. DATE OF DEATH	Month 6	24	Year 1961
5. SEX Female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	-1 - 10-		9. AGI lost 83	(In years IF UN birthdoy) Mont	DER 1 YEAR IF	
10a. USUAL OCCUPATI during most of wor Secretar	ON (Give kind of work dane 10) rking life, even if retired)	Government			or foreign country) ton, DC	12.	CITIZEN OF WI	HAT COUNTRY?
13. FATHER'S NAME	Oldonnoll		14. MOT	HER'S MAIDEN N	NAME			
	O'Connell			eanor Co	stello			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	s. social security no. 11	Hospi	tal Red	cords C	lney, N	nd.	
PART I. DE 422.	ATH [Enter only one couse per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Verenin					ONSET	AL BETWEEN AND DEATH
Conditions, if a gave rise to cause (a), stating lying cause last.	immediate the under-			Es E y			15	yes
CATIO	Funtur 1	CONTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERMI	inal disease coni	DITION GIVEN IN	F	WAS AUTOPSY PERFORMED? ES NO 1
	AS UNDERLYING A 20b. DI G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	JRRED. (Enter no	iture of injury in	Part I or Part II af i	tem 1B.)		
20c. TIME OF INJU Haur o. m. p. m.	Whi		e. PLACE OF IN. foctory, street	JURY (Hame, farm , office bldg., etc	, 20f. (City or tow	n)	(Caunty)	(Stote
21. I certify the	at (I) (this haspital) atterassed alive an June 2	nded the deceased from		G .	0	auses and an		
220. SIGNATURE	a Briga		M.D. ATTE	NDING MI	ED. STA	FF S. 🔲		22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. A.	D. Bonifant	•	22d.	SANDY S	PR ING, MA	RYLAND		
23a. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 23b. DATE THEREOF	23c. NAME OF CEMETER		ORY	23d. LOCATION (C		ty)	(State)
24. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS Laytonsville,		250. REC	D BY REGISTRAR	25b. REGISTRAR'S	S. Kraus	

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Savery due to	no.ven			
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		April Cap	1 = n = 1,	mali ni.
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	1.759.75			
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		experience of the same		
		10 To 10 10 10 10 10 10 10 10 10 10 10 10 10		
		Y . ANY		
			A-125 - 15	
	SALOY SHEET, THE ME		11.0	
		feelio .fa l	10-15-1	
		等,如何为此事		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Montgomery MARVIAND the d 2 b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) and c. LENGTH OF STAY IN 1b þ write RURAL and give nearest town) = Rockville Brunswick Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Street Cedar Lane letely 3. NAME OF Middle Last DATE Month DECEASED OF (Type or print) DEATH Edna Gertrude Pace pon 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH lest birthdey) pue Months Female WIDOWED ST DIVORCED nding physician a 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Fores Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Forrest and Sarah Koontz aften 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then (Yes, no, or unkown) | (If yes give war or dates of service) Mrs.Lois Nuse, Rockville Maryland the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] DEATH WAS CAUSED BY: ig physicial signed by IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which been geve rise to immediata causa DUE TO (a), steting the underlying cause lest. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY certificate CERTIFICATION 95 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20b. For 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work OR: Pe 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive on..... MED. ATTENDING DIRECTOR PHYS. PHYS. O HOSPITAL
death. Page 4 director, page be filed with th 22c. PHYSICIAN 22d. ADD NAME (Type) Arthur F. Woodward 23d. LOCATION (City, town or county) 23e. SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Brunswick Maryland

VR A15 (4) 15M 9/60

24 FUNERAL DIRECTOR'S SIGNATURE

(Stete)

(County)

Frederick

. IS RESIDENCE

YES NO 3

1967

Hours

INTERVAL BETWEEN

ONSET AND DEATH

1-24111

PERFORMED

.., 1963, that (I) (wa) last

(Stete)

12. CITIZEN OF WHAT COUNTRY?

Dave

U.S.A.

ON A FARM?

Brunswick, Maryland
256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Circles S. Krous DATE JUN 1 3 '61

de legal arci Constant Control Tam Jam I e tolice and alle amo No cura - 3 cost Letter, and the state of the st Characters come of England States I to England Employed Thate Throne 19 0119 19 Hall 10/2/2 Succession of the suit Sinten Fleer Lovered The British Co. Co. Str. Sec. San Fallen Addition the State of the State and the bear the first from her See Freeze , Section 1997

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13	(F	J	0	U

	6990	CERTIFICA	TE OF DEATH		06986
	PLACE OF DEATH o. COUNTY Mon+gome	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	LOCOUNTY	ion: Residence before admission)
	b. CITY OR TOWN (If outside response limits, write RURAL and give neares) own?	CONSTAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write f	
1.	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	han	d. STREET ADDRESS 4617-4	12nd. st.	P. U. PES NO
	NAME OF DECEASED (Type or print) For Se	M. Fares	rteau	4. DATE OF DEATH JUNE	ce 9 1961
5. 5	Temale white widowi	ED DIVORCED	6/13/90	9. AGE (In yeora lost birthdox) yrs.	
	a. USUAL OCCUPATION (Give kind of work done during moy of working life, even if retired) FATHER'S NAME	KIND OF BUSINESS OR INDUS	14. MOTHER'S MAIDEN N		U.S.A
	Jefferson Forter	COCIAL CECURITY NO. 117 IAN		lomene Emard	
	No. or unknown) (If yes, give war or dates of service)	79-42-1257 F	tw27-4 N	Parentear	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cuculatous	Failure		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b)	hyocardes	I Infair	tion	
_	couse (a), stoting the <u>under.</u> lying couse lost. Column Col	Caronany	becks	ion	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED			
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. II Hour o. m. 19 While of wor	Not while foo	ACE OF INJURY (Home, form tory, street, office bldg., etc.		(County) (Stol
	21. I certify that (I) (this hospital) attends saw the deceased alive an		eath accurred at 7:40	D. I. I. J.	nd on the date stated above
3	Zlaine W Murp	hegus.		ED. STAFF PHYS.	22b. DATE 6-10-6 SIGNI
	22c. PHYSICIAN'S NAME (Type) F. Murphy	1	22d. ADDRESS. 4812		NW
1	BUBIAL, CREMATION. 23/ DATE THEREOF	23c. NAME OF CEMETERY O	fearen	23d LOCATION (City, town,	alou Bering Mi
24.	FUNERAL DIRECTOR'S SIGNATURE	nal Hame ove I	25a. REC'I	101	ISTRAR'S SIGNATURE

D FUNERAL DIRECTOR After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death. ING PHYSICIAN: The low requires that the death certificate be executed wit nospitol or ottending physicion. TO HOSPITAL OR A moy be retained by TO FUNERAL DIRECTO.

VR A15 (4) 15M 9/59

MILLE 19 14 1 Stranger Star Stee Star Walnut Granger Miles The second secon pup

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely three page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

aspital or attending physician.

may be retained by TO FUNERAL DIRECTO

VR A1S (4) 1SM 9/59

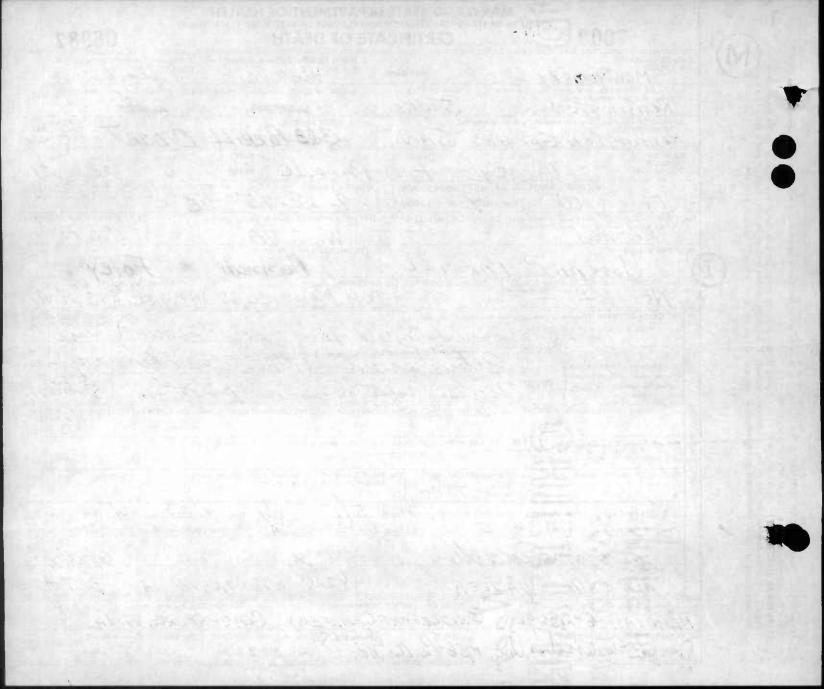
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

06987

								9
o. COUNTY	nT90mery	MAR		STATE Wool		If institution: Residence COUNTY	Estu	nission)
RURAL and g	WN (If outside carporate limits live neorest tawn)	c. LENGTH OF STA	,	CITY OR TOWN (IF	outside corporate limit	s, write RURAL and g	ive nearest to	x-3
d. NAME OF H	OSPITAL (If nat in haspital, gir	1	v	4323	REPULLA	C Bue	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Dore	sex H.	le P	ARRILL	4. DATE OF DEATH	Month	23	Yeor 196/
s. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARI		9-28-	75 9. AGE	1 .1 1 1	TYEAR IF UN Doys Hou	_
during most o	PATION (Give kind af work d f warking life, even if retired) TIRED	one 10b. KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZ	1.5.	TCOUNTRY
3. FATHER'S NAM	Joseph P.	PARRILL	_	MOTHER'S MAIDEN	name	Foi	ley	12
(Yes, no, or unknown)	DEVER IN U. S. ARMED FORC		17. INFORM	H. PARRI	LL, 2/30	Address WA. 9-WISC.	AVE,	V.W.
PART 160	F DEATH [Enter anly one cau DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Consoledate	on Tfld	of lung -	(poss.)	maligi)		BETWEEN ND DEATH
gave rise	ta immediate of ting the under- last. (b).	Urinary	infection	or asso	e, c pros	tetism	50	nov,
CATION CATION	OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO D	DEATH BUT NOT	RELATED TO THE TERM	NINAL DISEASE COND	ITION GIVEN IN PART	PER	AS AUTOPS) RFORMED?
20g. ACCIDEN OR CONTRIBI (IF EITHER, N	IT WAS UNDERLYING ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY	OCCURRED. (En	ter nature of injury in	Port I or Port II af ite	em 18.)		
Hour !	INJURY Month, Day, Yea o. m. o. m.	r 20d, INJURY OCCURRED While Nat while of work of work		DF INJURY (Home, farr street, office bldg., etc) (0	ounty)	(State
	that (1) (this hospital)	1.11.1		accurred at 3	M, from the co	23 , 196, uses and an the) (we) la: ed abave
220- SIONATE	ranom c	Vadler	M.D.	PHYS.	AED. STAF		6/23	22b DATE SIGNE
22c. PHYSICIA NAME (T		ADLER	•	22d ADDRESS W	118 CONS	IN AV.	BE	TH.
23a. BURIAL, CREATER OF A SEMOVAL (SE		DRIDGET	METERY OR CRE	METER X	CLARKS	ty, town, or county) BURG, W.	VA_	itote)
24 FUNERAL DIRE	Exulting In	Inc. M56-Pa.	and Thus	DATE	D BY REGISTRAR UN 2 6 '61	25b. REGISTRAR'S SIC		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 06000

~	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If Institution: Re	esidence before admission)
(A.E.	Montgomery MARYLAND	a. STATE Maryland b. COUNTY Mor	ntgomery
(IAI)	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b		0
	write RURAL and give neerest town) Kensington	Kensington 4	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	9804 E. Bexhill Drive	9804 E. Bexhill Drive	YES NO
	3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
	(Type or print) NELL CALHERIN	NE PAXTON DEATH JUNE	1 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1) Bast birthdey Months D	
	FEMALE WHITE WIDOWED DIVORCED	Oct. 22, 1893	15 Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
	Housewife	- Indiana	USA
3	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Louis Harrell	Alma Burt	
(T)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	No (If yes give wer or detes of service) Unknown	Kent Paxton-Husband-Same Item	n #9
	No Unknown 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	Kellt I axton-Husband-Bame Hell	I INTERVAL BETWEEN
		AE BARMAA ARTERY	ONSET AND DEATH
	200 \	OF BASILAR ARTERY	3 HOURS
	DUE TO CONTRANI	ARTERIACCIEDACIO	1 YEAR
	Conditions, if eny, which geve rise to immediate cause	ARTERIOSCLEROSIS	1 16111
	(e), steting the underlying DUE TO		
5	cause lest. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
5	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIOR OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL EXAMINER!	ED. (Enter neture of injury in Pert I or Pert II of item 18.)	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, ferm, 20f. (City or town) (Coun	ty) (State)
5	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PI While Not While fa work 19 et work at work	actory, street, office bldg., etc.)	
:	21. I certify that (I) (this hospital) attended the deceased from	11/11/10 1948 to JUNE 7 196	(that (I) (we) last
	saw the deceased alive on 2005 T 19.61, and the	at death occured at	ne date stated above.
	22a. SIGNATURE	ATTENDING A MED. STAFF	22b. DATE SIGNED
		M.D. PHYS. DIRECTOR PHYS.	ms 7,1961
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	no out
	Thomas S. Sappington, M.D.	1052 CONNECTION	AVE , NW
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
	Bur-transit 6/8/1961 West Point	Cemetery Liberty 1	Indiana
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
	Robert A. Pumphrey Bethesda, Mar	yland DAIHIN 9 '61 aritus & K	aus

a attending physician and completely filled in by the funeral Then please remove carbon papers. Pages 1 and 2 should oval, and in any event, within 72 hours after death.

TO HOSPITAL C TENDING PHYSICIAN: The law requires that the death certificate be referred by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

Experience of the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.

15M 9/60

elonogano 4

Kensington

Housewile

1804 E. Bexhill Drive

otensine21

9804 M. Beging Delve

227

ESTABLISHED PARTS

Alma Burt

Unknown Kent Paxton-Rusband-Same Rem #2

VERTICAL RESIDENCE TO SERVICE ASSESSMENT

Photocas S. Sappington, M. D. L. - 108 S. Cark I S. Videlle

Bur-Usasit 6/8/1981 Centery Liberty Indiana

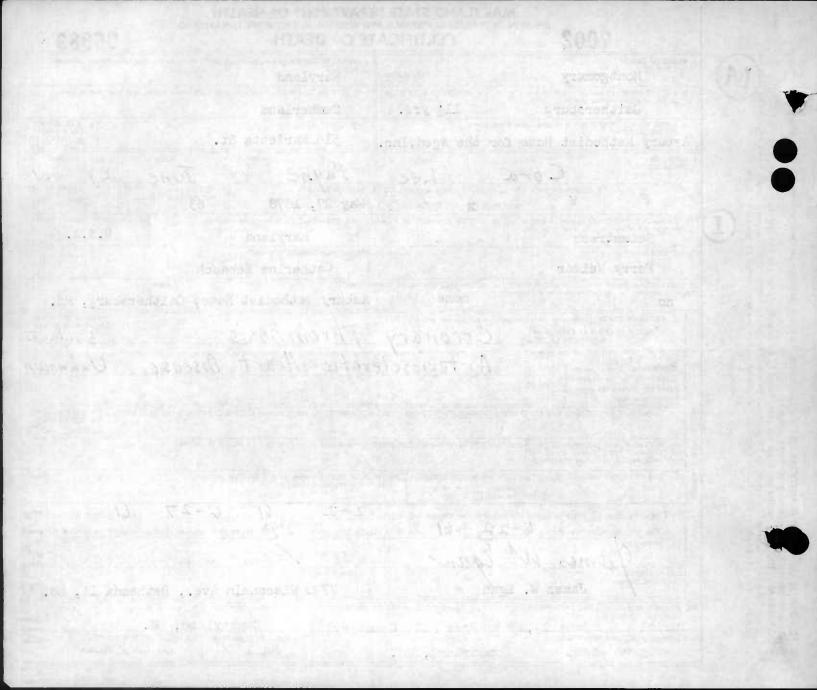
Robert A. Pumphrey Bethesda, Maryland manus a of the contract

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06989

	o. COUNTY Mont	gomery		MARYLA		STATE Maryla		ed lived. If institu b. COUNT		e before odm	nission)
		outside corporate limits,	write c. LEI	NGTH OF STAY IN	116			orote limits, write	RURAL ond gi	ive nearest to	own)
	RURAL ond give ne			$11\frac{1}{2}$ yrs.		Cumber			O	10	2 -
		AL (If nat in hospital, give	street addres	~ 0		d. STREET ADDRE				e. IS R	RESIDENCE
	OR INSTITUTION	hodist Home			20	516 Ma	rietta S	St.			A FARM?
⊨			101 011		10.						
	NAME OF DECEASED	First		Middle		Palast	4. DATE OF	. The	nth	Day	Yeor
	(Type or print)	Core		Lee		unyne	DEATH	101	10	YEAR IF UN	196/
5.	SEX F	6. COLOR OR RACE 7.				TE OF BIRTH	drid	9. AGE (In years last birthday)	Months	Days Hou	
			IDOWED 🔀	DIVORCED [ay 27, 1					
100	during mast af work	N (Give kind of work dan ing life, even if retired)	e 10b. KIND	OF BUSINESS OR	INDUSTRY			country)	12. CITIZ	U.S.A	T COUNTRY?
	Seamst	ress				Ma	ryland			U.S.A	•
13.	FATHER'S NAME				14	MOTHER'S MAIL					
	Perry	Weimer				Cathe	rine Zel	oauch			
		R IN U. S. ARMED FORCES		L SECURITY NO.	17. INFOR	AANT		Ad	dress		
11.0	no	ir yes, give wor or dates of service	r	none	As	bury Met	thodist	Home, Ga:	ithers	ourg,	Md.
		TH [Enter only one couse TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for	(o), (b), and (c).]	V	Throw	bosis	•		INTERVAL ONSET AN	BETWEEN ND DEATH
CATION	Conditions, if or gove rise to in couse (o), stoting lying couse lost.	n mediote	A Y					Disca:		PER	AS AUTOPSY RFORMED?
L CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE I	HOW INJURY OCC	CURRED. (En	ter nature of inju	ry in Part I or Pa	ort II of item 18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yeor 19		OCCURRED 20 Not while the work to the control of th		OF INJURY (Home street, office bldg		ty or town)	(C	ounty)	(Stote)
	saw the deceas	t (I) (this haspital) o	_	ne deceased fr 19 61 , and th	uiii	accurred at	. 1961 , .ta.	6-27 the causes a		date state	
	22o. SIGNATURE	ames W	1 800	an	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		318	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	James W.	Egan			22d. ADDRESS 7720 W	Visconsi	n Ave.,	Betheso	la 14,	Md.
230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c.	NAME OF CEMETE	ERY OR CRE	MATORY	23d. LOCA	ATION (City, town	ar county)	(S	itote)
	REMOVAL (Specify)	June 29.19	961 R	se Hill	Cemet	אויר ב	Cumb	perland.	Md.		
24.	FUNERAL DIRECTOR		/	ADDRESS	VCIIIC I	25a.	REC'D BY REGIS		ISTRAR'S SIG	NATURE	
	Byron	Kight	Cumber	rland, Md		DAT	E JUL 3	'61	Inthun S.	Krans	



M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7003

CERTIFICATE OF DEATH

Reg. Dist. No. 06990

1. PLACE OF D a. COUNTY	Montgomery		MARYLA	177	2. USUAL RES a. STATE		here decease	d lived. If instituti b. COUNTY		before odm	
RURAL an	TOWN (If autside corporate limited give nearest town) ensington	ts, write	c. LENGTH OF STAY IN	1 1b	c, CITY OR		outside corpo	orate limits, write R	URAL and giv	ve neorest to	wn)
OR INSTI	F HOSPITAL (If not in hospitol, gruntion 10 Puller Dr		ddress)		d. STREET		iller	Drive		ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or prin	ni) Adela		Middle Stageman	nn	PECA	sî	4. DATE OF DEATH	Moi Jun		Day 2	Year 19 67
s. sex Femal		7. MARRI	DIVORCED	_	Sept.		873	9. AGE (In years last birthday) 87 yrs.	IF UNDER 1	YEAR IF UN	
10o. USUAL OC during mos	CCUPATION (Give kind of wark st af working life, even if retired SEWIFE	dane 10b. K			RY 11. BIRTHE	Germa	ny				at COUNTRY?
	ohn Stageman	n						onWerman			
1S. WAS DECE	ASED EVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INI	FORMANT	701 (1)	ica ve		ress		
NO NO	vn) (If yes, give war or dates at s		Jnknown	D	orothe	a Ar	mstr	ong-Daug	ghter-	-same	2d
Condition gave riscouse (o) lying coulying couly	TRI I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO DUE, if any, which ase to immediate , stoting the under- use last. TRI II. OTHER SIGNIFICANT CON DENT WAS UNDERLYING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) OF INJURY Month, Day, Ye-	Ohn Christians Concernation	RIBE HOW INJURY OCC	URRED.	iles	af injury in	Alinal Diseas	rt II of item 18.)		PER	S MUTOPSY FORMED? (State)
Hour Hour	a. m. p. m. 19	While at wark	Nat while at work	facto	ary, street, affi	e bldg., el	(c.)	y or rown;	(Co	ioniyi	(State)
alive on ACTUAL SIGNATURI PHYSICIAN NAME (Typ	Robert T.	7 0 Thib		o and M		1060	Address (s	m the causes of treet, city or town, cord St	and on the state)	e date sta	
220. BURIAL, CI REMOVAL Buri	REMATION, 22b. DATE THEREO (Specify) 6/5/61)F	22c. NAME OF CEMETE Parklawn			7		TION (City, town, ckville			tate)
- 1	rector's signature rt A. Pumphr	ey 1	Bethesda,	Ma	ryland	24a. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	VATURE	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

00001

										1
1. PLACE OF DEATH					o. STATE	CE (Where d	eceased lived, If b. COUN		sidence beto	e admission)
Montgome	ry		MARYLAN	D	virginia			•		
b. CITY OR TOWN	(if outside corporeta limits, d give nearest town)	c. LE	NGTH OF STAY IN	1b	c. CITY OR TOWN	(If outsida corp	porete limits, write	RURAL and	give nearest	town)
Bethesda			56 days		Williamsb	urg		8	3X	
d. NAME OF HOSPI	ITAL OR INSTITUTION (if not	in hospital, g	ive straet eddress)		d. STREET ADDRESS					RESIDENCE
U. S. Nava	al Hospital				5 Bayberry	v Tane				NO X
3. NAME OF	First		Middle	11	Lest	4. DATE	Montl	1	Dey	Yeer
(Type or print)	Thomas		Green		PEYTON	OF DEATH	June June	e 2	28	19 61
5. SEX	6. COLOR OR RACE 7. M	ARRIED X	NEVER MARRIED	В.	DATE OF BIRTH	9	AGE (In years last birthday)	IF UNDER 1 Y		DER 24 HRS.
Male	Caucasian win		DIVORCED		1-10-94	N DITT	67 yrs.	Months De	eys Hour	s Min.
	TION (Give kind of work 1		BUSINESS OR INDU	JSTRY	11. BIRTHPLACE (Cou	nty & Stete, or	foreign country)	12. CITIZ	EN OF WHA	T COUNTRY
Officer	orking life, even If retired)	II. S	Navy		Virgi	nia		US	SA	
13. FATHER'S NAME		0. 0.	. 11001	1	4. MOTHER'S MAIDEN					
Bernard P	FYTON				Louise RAM	SEY				
	VER IN U.S. ARMED FORCES?	16. SOCIA	L SECURITY NO. 1	7. IN	FORMANT		Address			
(Yes, no, or unkown) (If yes give war or dates of service					M Dozel	on dam	9 9 W	ghow	0
	1911 - 1947 DEATH [Enter only one couse	ner line for		(M.)	Mrs. Mary	M. rey	con, same	c_as Tr	INTERVAL	
	THE WAS CALLEED BY								ONSET AT	ND DEATH
20	IMMEDIATE CAUSE (0)	ymphos	sarcoma, v	vitr	metastase:	5			2 y	rs.
000	DUE TO								K TO S	
Conditions, if en	1 / /									
gave rise to immed (a), steting the	DIJE TO									
ceuse lest.	(c)									
Z PART II. OTHE	R SIGNIFICANT CONDITION	S CONTRIBU	TING TO DEATH BU	TONT	RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	VEN IN PART 1	(e) 19. WA	S AUTOPSY REORMED?
ATIC									YES X	
200. ACCIDENT W		. DESCRIBE	HOW INJURY OCC	JRED. (Enter neture of injury in	Pert I or Pert	II of item 18.)			
PART II. OTHE	G CAUSE OF DEATH									
		20d. INJURY	OCCURRED 20e.		OF INJURY (Home, far		ty or town)	(Coun	ty)	(Stete)
20c. TIME OF INJ		WhileN	lot While		y, street, office bldg., et					
₹ p.m.			at work	1	Morr 2	1067	Tune 2	8 106	7 24	N () !
21. I certify	that (this hospital)	attended t	he deceased from	om	11	:45PM10	Julie 2	, 190	th, that (1) (we) las
saw the decea	ased alive on June	20	19 Of and	that o	leath occured at	M, fro	m the causes	and on th	ie date 21	aled above
22a. SIGNATURE	1/4/1	6 /	Vien		ATTENDING	MED.	STAFF		1 0-	226. DATE
1/	K. L. //	ul	ere/	M.D	PHYS.	DIRECTOR [PHYS.		6-29-	-61
22c. PHYSICIAN'S			7	,	22d. ADDRESS	- 3 1 5	Field St			
HAMIE (Type	B. L. KELLEY	LT,	MC, USN		U. S. Nav	al Hos	pital, F	ethesd	a, Md.	
23a. BURIAL, CREMAT	TION, 236. DATE THEREOF	230	NAME OF CEMET	ERY O	R CREMATORY	23d. LO	CATION (City, to	wn or county)		(Stata)
Burial (Specify	7-3-61		Arlington	n Na	ational	Ar	lington	V:	irgini	a
24 FUNERAGADIRECTO	R'S SIGNATURE ALM	0.	ADDRESS			C'D BY REGI	STRAR 256. RE	GISTRAR'S S	IGNATURE	
N. S. Dim	phrey Funeral	Home.	Bethesda	. Mo	1. DATE	ML 3 '	61 (Irling S.	traus	
TIBLATE T OFFI	T 101			1						

funeral urs after death. Page

Fertained by the hospital or attending physician.

G FUNERAL DISCIPLATION: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages I and director, page 3 should be detached for use as the burial-transit permit. Then please remove, carbon papers. Pages I and director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after deal be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deal ATTENDING PHYSICIAN: The law requires that the death certificate by

TO HOSPITAL

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F. L. Marrey, St., W., Ullis . U. S. Harri Bostickl. Bandands, Ma.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

06992

1. PLACE OF DEATH O. COUNTY MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen a. STATE b. COUNTY	ce before admission)
111011 GOTHERY	11/4.	777,
b. CITY OR TOWN (If outside comprote limits, write RURAL and give Repressional)	N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest tawn)
TSettesda 9 days	1 Chevy (hase	• 9
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Juburb an	14/24- Hallen It.	YES NO
NAME OF First Middle	Last 4. DATE Month	Day Yeor
(Type or print)	Tollow DEATH JUME	2. 196
SEX 6. COLOR OR ACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER	1 YEAR IF UNDER 24 HR
mala Julilita WIDOWED T DIVORCED	lost birriddy) Months	Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR		ZEN OF WHAT COUNTRY
during most of working life, even if retired)	11/2 1/1/	1.5.4
3. FATHER'S NAME	14. MOTHER'S MAUDEN NAME	
Tolera B. A. A.	It/07 1/2	7
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT Address Address	
(Yes, no, or unknown) (If yes, give wor or dotes of service) None	2/2 - 1/ H. 2/ So / 12	affe
	Dianche Torger 114	ANOUS
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (a)	Temorrhogo	lueck.
331 X DUE TO	1 1 +	10.110
Conditions, if any, which gove rise to immediate (b)	d Arteriosdawis	10267
couse (o), stoting the under-		
lying couse last. (c)		<u> </u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPS' PERFORMED?
Fractive of Deck of	light remue.	YES NO
□ LOR CONTRIBUTING CAUSE OF DEATH	CURRED. (Enfer nature of injury in Port I or Port II of item 1B.)	Ann 2
(IF EITHER, NOTIFY MEDICAL EXAMINER)	re-incurated due to gau. A	it to missiones
	factory street affice bldg etc.) !	County) (Stat
Haurtta. m. May 21 19 61 of work of wark	House Chengerase 1	water. Md.
21. I certify tha (1) (this haspital) attended the deceased for	rom Suns 1 , 1953, to Suns 2 , 196	that Ti (we) lo
saw the deceased alive on June 1961, and t		The state of the s
22a. SIGNATURE	Indi deom occurred of great, main the causes and on the	22b. DATE
T. R. R. Tuan	M.D. PHYS. MED. STAFF DIRECTOR PHYS. 6/2	2/61 SIGNE
22c. PHYSICIAN'S	22d. ADDRESS	
NAME (Type) TOHUR EVAN- M.D	1835 Eurst Du Wash	20-VOTOU
23c. NAME OF CEMET		
REMOVAL (Specify)		(State)
Burial 6/6/61 Ft. Line 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	coln Cemetery Prince Geo. Co. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	Maryland
Robert A. Pumphrey Rethesda.		

Page 4

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. NDING PHYSICIAN: The law requires that the death certificate be executed w

TO HOSPITAL OF

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ADDRESS

24a. REC'D BY REGISTRAR

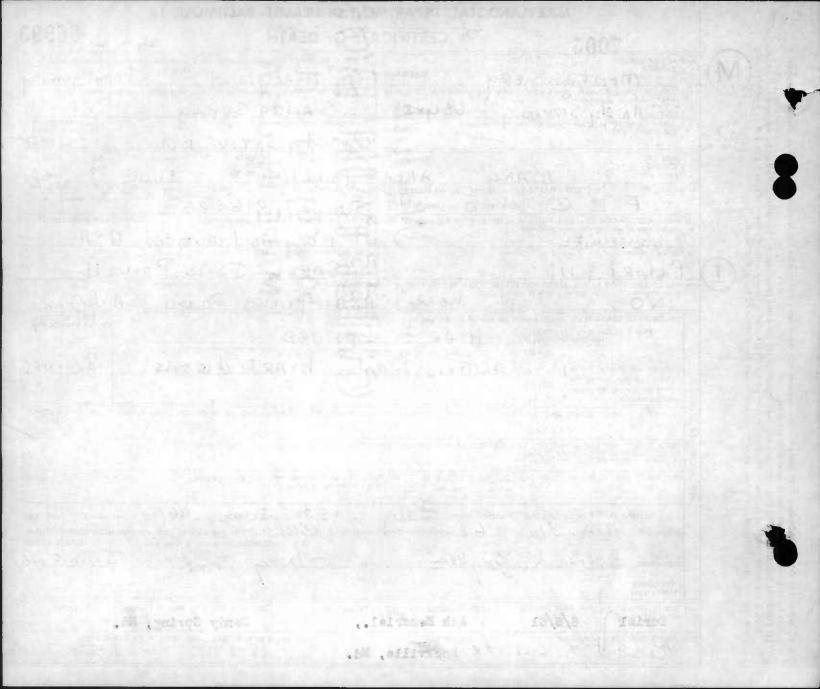
JUN 1 2 '61

24b. REGISTRAR'S SIGNATURE

arthur S. Frans

that the death certificate be FUNERAL DIRECTO poge 0 VS A15 (4) 1SM 9/SB

23. FUNERAL DIRECTOR'S STGNATUR



DIA TOR: After this of HOSPITAL Jeath. Page 4 FUNERAL director, page 3

e. IS RESIDENCE ON A FARM? YES NO

1967

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO F

(State)

22b. DATE

6-10-61 SIGNED

Deys

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(County)

(fight) History in The East State dethesel fevel as all Marrie . TORE E Appli THE WOLD AND THE MENTAL OF THE PARTY OF THE (yethod) gottlettet to mar first A Si Ci omi Perer I was In the Ci one ministral normalist success, tonolina a dealer ad-les Ed alfablacities Total Manager and The Control of the

MARYLAND STATE DEPARTMENT OF HEALTH 700 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

PLACE OF DEATH					111	3.7.1
Montgomery		MARYLAND	2. USUAL RESIDENCE (Who STATE YORK	ere deceased lived. If institutio b. COUNTY	n: Residence before	e odmission)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Bethesda		NGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RL	JRAL and give near	rest fown)
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION The Clinical Center	tol, give street oddres	3)	d. STREET ADDRESS	7th Street	3	ON A FARM?
NAME OF DECEASED	First anley	Middle (None)	Last Press	4. DATE Mont OF DEATH June		Yeor
	ACE 7. MARRIED WIDOWED		DATE OF BIRTH March 24, 19	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	
D. USUAL OCCUPATION (Give kind of we during most of working life, even if re	work done 10b. KIND	OF BUSINESS OR INDUST		or foreign country)	12.CITIZEN OF	WHATCOUNTR
FATHER'S NAME			14. MOTHER'S MAIDEN N			
Philip Press			Bertha Faye	170		
Conditions, if ony, which	ISE (o) Septic	Myelogenous :	Leukemia			9 month
	(c)	BUTING TO DEATH BUT N	IOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVI	EN IN PART 1(o) 19	9. WAS AUTOPS PERFORMED? YES TO !
PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OF THE PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER SIGNIFICANT OTHER SIGNIFICANT OTHE	206. DESCRIBE I	OW INJURY OCCURRED.	. (Enter noture of injury in F	Port I or Port II of item 18.)		IES BER 140 E
20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Doy, Hour o. m. p. m.	Year 20d. INJURY While of work C	OCCURRED 20e. PLAC	CE OF INJURY (Home, form ory, street, office bldg., etc.	20f. (City or town)	(County)	
20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. I certify that (this hasp	Year 20d. INJURY While of work control	OCCURRED 20e. PLAC focts if work are deceased from.	CE OF INJURY (Home, form ory, street, office bldg., etc.	, 20f. (City or town)	19_ 61 , the	(Stol
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Doy, Hour o.m., p.m. 21. I certify that 20 (this hasp saw the deceased alive and 22c. SIGNATURE) 22c. PHYSICIAN'S NAME (Type)	Year 20d. INJURY While of work Copital) attended the June 15	OCCURRED 20e. PLAC factor while twork 19 61 and that de	CE OF INJURY (Home, form ory, street, office bldg., etc.) April 12 ath accurred at 8: ATTENDING MEPHYS. DIE 22d. ADDRESS The	61 . to June 15 30. (City or town) STAFF RECTOR STAFF RECTOR PHYS. TO	19.61, the date er, Nat	(Stot at (We) la stated abave 22b. DATE 6/16
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. I certify that 20 (this hosp saw the deceased alive an	Year 20d. INJURY While of work contain attended the June 15 E. RIFSEL HEREOF 23c.	OCCURRED 20e. PLAC factor while twork 19 61 and that de	CE OF INJURY (Home, form ory, street, office bldg., etc. April 12 ath accurred at 8: ATTENDING ME PHYS. DII 22d. ADDRESS The Institutes	61, to June 15 30, from the causes and sector STAFF PHYS. The Clinical Cent	d an the date	(Stotal at the (we) last stated above 22b. DATE
20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING DAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMIN 20c. TIME OF INJURY Month, Doy, Hour o. m. p. m. 21. I certify that 20 (this hosp saw the deceased alive an	Year 20d. INJURY While of work of control attended the June 15 E. RIFSEL BEREOF 23c.	OCCURRED 20e. PLAC foctor while 19 61 and that de PLACH M.D. NAME OF CEMETERY OR	CE OF INJURY (Home, form ory, street, office bldg., etc.) April 12 ath accurred at 8: ATTENDING ME PHYS. DII 22d. ADDRESS The Institutes CREMATORY	Clinical Center of Health, Be 23d. LOCATION (City, town, on NEW YORK, N. 3	d an the date	(Stote)

the attending physician and campletely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with TO FUNERAL DIRECTC. After this certificate has been signed by the attending physician and campletely tilled page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the State Baard of Health priar to burial, crematian, ar remayal, and in any event, within 72 haurs after death. NDING PHYSICIAN: The law requires that the death certificate be executed w TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH funer 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence bafore edmission) e. COUNTY a. STATE b. COUNTY Montgomery Maryland by the and 2 death. Montgomery MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) þ write RURAL end give neerest town) after Bethesda .5 Germantown(Rural) Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 9628 Acord Drive YES NO X Marylander Nursing Home completely papers. 3. NAME OF Middle DATE You DECEASED OF 18 61 (Type or print) Elizabeth DEATH June Ragan 19 Margaret within carbon 6. COLOR OR RACE 7. MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED 81 (est birthdey) pue Hours 1879 Female White Dec. WIDOWED X DIVORCED event, physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country)done during most of working life, even if retired Washington, D. C. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death Then please Mary O'Brien Dennis McCarthy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address The law requires that the 16. SOCIAL SECURITY NO. removal, (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) Ragan-son-same 2d Joseph B. the None permit. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN attending physician. certificate has been signed by r use as the burial-transit perm ONSET AND DEATH PART I. DEATH WAS CAUSED BY: May IMMEDIATE CAUSE (e) DUE TO geve rise to immediate cause DUF TO ceuse lest. Ö PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN 19. WAS AUTOPSY CERTIFICATION PERFORMED? hospital Se NO X prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING [After this ce OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL tained by OR: After 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Steta) factory, straet, offica bldg., etc.) While Not While Hour a.m. et work et work TOR: 21. I certify that (I) (this hospital) attended the deceased from. 19 1, and that death occured and M.M., from the causes and on the date stated above, saw the deceased alive on. DIN 22b. DATE SIGNED ATTENDING. MED STAFF 6 3 PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 M.D. rector, page, 20c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dawsonville, Maryland Gordon M. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) 0.50 Mt. Olivet Cemetery Washington, D. 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Bethesda, Maryland Pumphrey DATE JUN 2 1 arthur & Thous 15M 9/60

neasu. 2000 - KARROBULON bo addar Los C. C. nostanten D. C. Dak None Towns to Company of the Company Lobar Preumiera Bleteral 6.001 Palmonary Edema, Conjusticaltat. Fee lave 11 days Arterios levote Hypertensue Heart Breise 2 years Left Hemiplegia County to sunch

TO HOSPITAL

ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

S JO PUNEATOR: After this certificate has been signed the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7010

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceased lived, If Institution: Re-	sidence before admission)
	• COUNTY Montgomery MARYLAND	*. STATE Maryland b. COUNTY Mo	ntgomery
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
	Kensington 1 mo. 5 days	Kensington 43	
1	d. NAME OF HOSPITAL OR INSTITUTION If not in hospital, give greet address) Kensington Gardens	d. STREET ADDRESS 10608 Nash Place	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF First Middle	Last 4. DATE Month	Day Year
	(Type or print) FREDERICK V.	RAND OF DEATH June 6.	1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
	Male White WIDOWED DIVORCED	Mch. 16, 1883 78 yrs. Moglitis 20	Hours Min.
	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
	Plant Bact. & Path. U. S. Govt-Agric.	Vermont	USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Rev. Wilbur Rand	Mary Jane Miller	
- 7		NFORMANT Address	
	410	Louva H. Rand-wife-Same as Ite	
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7	ONSET AND DEATH
. 4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	o Dullucaia, -	7 dans
	720.	/	
	332X DUE TO COLORUND 7	the bost -	21 Ban
	Conditions, if any, which gave rise to immediate cause	active order	sci waga
	(a), stating the underlying DUETO	1 to 1 . Day	07
	cause last. (c) (lillrel, l	er lice schlicts	1 years
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO TO
0	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Part II of item 18.)	land long
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
		CE OF INJURY (Home, farm, 20f. (City or town) (Count	(Stata)
	Hour a.m. While Not While fact	ory, street, office bldg., etc.)	
		There I will the total	1
	21. I certify that (I) (this hospital) attended the deceased from.	1961, to grade 6, 196	Li, that (I) (400) las
	saw the deceased alive on	death occured at	e date stated above
	22a. SIGNATURE		22b, DATE
	1110 1. Couch will.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	6-6-61 SIGNER
1	22c. PHYSICIAN'S	22d. ADDRESS	D. C.
	NAME (Type) NEIL P. CAMPBELL	3060 - 16th St., N. W, W	Vashington
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)
	Cremation 6/7/61 Cedar Hill C	Crematory Prince Georges N	Maryland
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SI	
	Robert A. Pumphrey Bethesda, Maryla	and a second	
		and DATE JUN 8 '61 arthur 8.	/ VAMA

Maryland Montgomers. 1 mo. 5 days Kemslagton Sansington Cardens Ave. 19608 Nash Place FIGURE OR A PAND TO THE BEAUTIFUL OF THE * Mch. 15, 1883 78 2 20 Plant Back & Path. U.S. Govt-Agric. Vermont Mary Jane Miller Hey. Wilbur hand 263-46-4843A Louve H. Hand-wife-Saine on Louv #2 the first of a selection with the selection of the select Carlied Flesh Louis - 2 Com Electrical State of the second Cremming 6/7/61 Codar Hill Crematory Prince Georges Maryland

Robert A. Fumphrey Bethesda, Muryland

NDING PHYSICIAN: The law requires that the death certificate be executed w

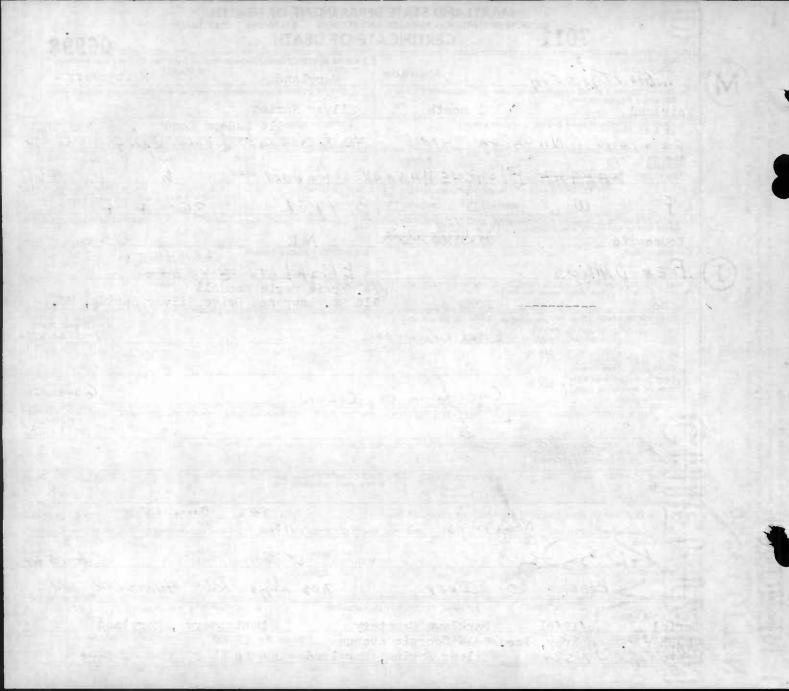
BLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1	O. COUNTY MONTGOMERA	MARYLAND	o. STATE Maryland	b. COUNTY M	ontgomery
	b. CITY OR TOWN (If oulside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL	and give nearest town)
ď	Fairland	1 month	Silver Spri	ng 32	
0	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION FAIR AND NO.	oddress)	d. STREET ADDRESS 3]	6 Ladson Road	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print)	Middle NCHE HANNA	H RANDA	4. DATE Month OF DEATH	Day Yeor 15 19 61 NDER 1 YEAR! IF UNDER 24 HRS.
	S. SEX 6. COLOR OR RACE 7. MARI		3/9/81	9. AGE (In years last birthday) 8. O yrs.	
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 13. FATHER'S NAME	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote		2. CITIZEN OF WHAT COUNTRY?
1	BEN DHINGS		Elisa LE	GRAHAM	
1	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17	FORMANT SE Mari	e Randall Address	
				nce Drive Silver	Spring, Md.
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARCINOMATOS	S		INTERVAL BETWEEN ONSET AND DEATH 1-2 MURTA
	14/	ARCINOMA OF		NAME DISTANCE CONTROLLON CIVIS VIII	6 months
	CATIC				PERFORMED?,
)	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture af injury in F	Port I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Day, Yeor 20d. I Haur o. m. 19 While of wor	Nat while fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (State)
	21. I certify that (I) (this haspital) attends saw the deceased alive an		41	54, ta June 15	19 <u>6</u> <u>/</u> _, that (I) (we) last
	220. SIGNATURE		M.D. ATTENDING MI	ED. STAFF RECTOR PHYS.	22b. DATE SIGNED 6-15-61
	22c. PHYSICIAN'S NAME (Type) ROBERT 3.	IREY	22d. ADDRESS 7105 Ru	igs Rd. Hyan	Asville, Nd.
	23a, BURIAL, CREMATION, 23b, DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY C		23d. LOCATION (City, town, or cou	unty) (Stote)
	Burial 6/19/61	Parklawn Cemet			yland
1	24 FUNERAL DIRECTOR PSIGNATURE Y, Inc.	8434 Silver Spring.	vende	and the state of t	of S. Kraus

TO FUNERAL DIRECTO. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

TO HOSPITAL O



FOR STATE HEALTH DEPT DEPUTY: I. EXAMINER: This certificate should be executed within 24 hours after decessary, please execute the Conficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. IO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 06999

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)
1	o. COUNTY MARYLAND	o. STATE mo b. COUNTY monto
	b. CITY OR TOWN (if outside consorate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)
1	write RURAL and give negleti town	15 Alm of
	d. NAME OF HOSPITAL OR INSTITUTION (if got in hospitel, give greet address)	d. STREET ADDRESS
1	OM 11-00-8-00 Big	CAA LABORITOR OLE YES NO FA
19	3. NAME OF First Middle	Last 4. DATE Month Dey Year
	(Type or print)	OF DEATH DAY 22 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE IN years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Mala WIDOWED DIVORCED TO	3-2-1902 Isli bithdey Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 1Qb. KIND OF BUSINESS OR INDUSTR	7
	done during most of working life, even if retired)	DT
4	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
N	B. 11 P. 1	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, I	Mary Erskins Address
	(Yes, no, or un own) (Ifyasgivawarordatesofservice)	D. P. 1' C. 11 D7 3-
	NO 117-07-1502 C	are Manken (up) Ille
	BART I DEATH WAS CALISED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) Cornary Occlus	non True again
	720.) DUE TO	The Page
	Conditions, if any, which gave rise to immediate ceuse	
	(a), stating the underlying DUE TO	
	cause last. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PARI II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATT OF NO	PERFORMED?
	208, EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E	inter nature of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	men nature of injury in Ferr Co. Ferr II of Helli 10.]
	O State Stat	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Steta) ory, street, office bldg., etc.)
-	Hour e.m. While Not While raction of the state of the st	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry , and in my opinion
	death resulted from: Natural causes . Accident . Suici	ide, Homicide, Undetermined manner
	Λ_{I} , Λ_{I}	CHIEF MEDICAL EXAMINER
	SIGNATURE Track O. SMERKALT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
5		DEPUTY MEDICAL EXAMINER 4 4- 27-/1
	NAME (Type) FLANK J. Broschax	Address (Street, city, town, or county)
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (State)
	BURIAL JUNE 24,1961 MAYFLOWER HILL	CEMETERY TAUNTON, MASSACHUSETTS
1	2WANTED DIRECTOR PUMPHREY, INC. SILVER SPRING.	MD 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Kaymonda, Ziska	DATE JUN 27'61 Cirthun S. Kraus

(Carpenna of the state of the state of the party TO SEE STANDARDS - Frank I. Hosenant Lange 29, 2001 MARCHANNIC DISSERVE CAMERINA, MARCHANNIC which all modern river states the " The states of the stat

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

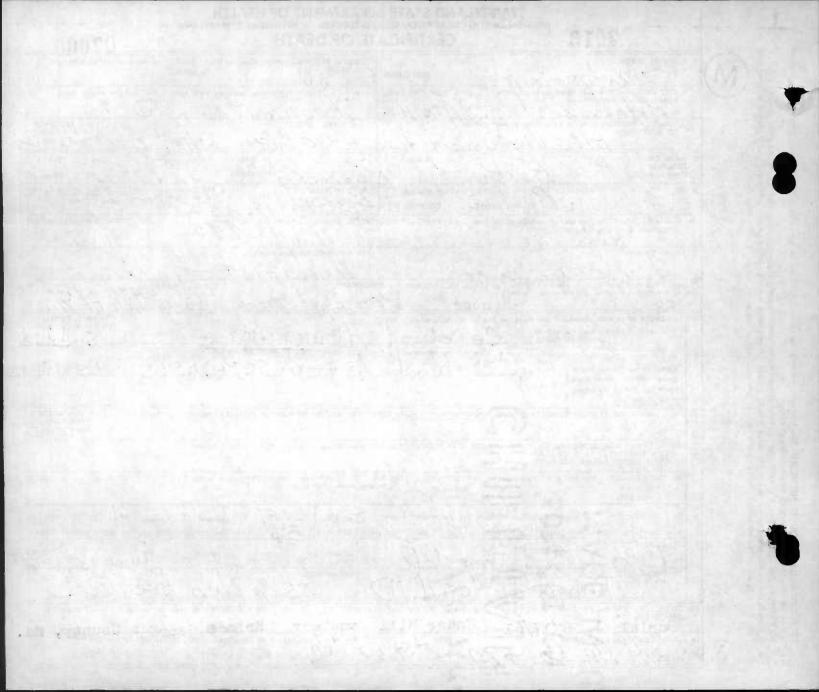
7012

arthur S. Kraus

=		CERTIFICATE OF DEATH	J7(III)
M		PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before admission)
	ı	b. CITY OR TOWN (If outside corporate limits, write RURAL and give report town) C. LENGTH OF STAY IN 16 C. CITY OR TOWN (If outside corporate limits, write RURAL and give report town)	re nearest town) 1 47x-2
nous 7 p		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION AITA VISTADINSINA Home 4930 Butter worth AID.	e. IS RESIDENCE ON A FARM? YES NO D
death.		NAME OF DECEASED (Type or print) Betha Middle Rheinbold 1. DATE OF DEATH THE OF DEATH	Day Yeor 196/
after deat		J WIDOWED DIVORCED Jeb, 14, 1869 93 yrs. Months	YEAR IF UNDER 24 HRS loys Hours Min.
2 haurs		during most of working life, even if refired) AUSCALLEI MINUTERINAL MESELI	N OF WHAT COUNTRY?
ve carbo		George Deinger Margaret Freder	ick
event, v		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No. or unknown) (If yes, give wor or dotes of service) NYS Lydia: Mossley 2240 Hall	hington D
in any		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cerebra HERMAN THAT	INTERVAL BETWEEN ONSET AND DEATH
nit. The val, and		Conditions, if ony, which) (b) Cerebra Arteriascherasis	15 yea
ar remo		gave rise to immediate couse (a), stating the <u>under-lying couse lost.</u> DUE TO (c)	
atian, o	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
al, crem	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)	
ta buri	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Not while of work at work at work 19	ounty) (State)
iched fa Ith pria		21.1 certify that (1) (this haspital) attended the deceased from. Se b 127, to July 12/5, 196 saw the deceased alive an May 30 1961, and that death accurred at 320M, from the causes and an the	
be deta		220 SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR DIRECTOR TUN TUN TUN TUN TUN TUN TUN TUN	22b. DATE SIGNED 2 15 196
shauld le Baaro		22c. PHYSICIAN'S NAME (Type) Rober & B. Havel MD, 22d. ADDRESS 55/6 Neb Axe;	DC
Star Star	230	D. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county)	(State)
P +	_	Burial 6/17/61 Cedar Hill Cemetery Prince Georges	County, Mo

TO HOSPITAL OF VR A15 (4) 15M 9/59

NDING PHYSICIAN: The law requires that the death certificate be executed wit



TO HOSPITAL
ATTENDING PHYSICIAN: The law requires that the death certificate be
death. Page
Tetained by the hospital or attending physician.

TO FUNERAL DIA STOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any eyent, within 72 hours after death.

VR A15 (4) 15M 9/60 ¥

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

				V 1 U U 1
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENC	E (Where deceased lived, If institute b. COUNTY	ution: Residence before edmission)
Montgomery	MARYLAND	Virginia	Alexan	dria
b. CITY OR TOWN (if outside corporeta limits, c. L	ENGTH OF STAY IN 16		outside corporate limits, write RUF	
write RURAL and give neerest town) Bethesda (Rural)	29 days	Alexandria		E-X68
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give straat address)	d. STREET ADDRESS		a. IS RESIDENCE
U. S. Naval Hospital	18 8 6	200h Cover	dish Drive	YES NO X
3. NAME OF First	Middle	J904 Caven	4. DATE Month	Dey Yeer
(Type or print) Robert	Oscar	RISINGER	or DEATH June	14 1961
5. SEX 6. COLOR OR RACE 7. MARRIED 1		DATE OF BIRTH	9. AGE (In yeers IF U	
Male Caucasian WIDOWED	DIVORCED T	5-27-26	1 1 1 1 1 1 1 1 1	nths Deys Hours Min.
The Country of the Co	F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Marine Corps	Texas		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	
William O. RISINGER		Mary Eula N	ICHOLS	
	AL SECURITY NO. 17. IN		Address	
Yes (1942-1961) (Ifyesgivewerordatesofservice)	6-0848 (W)	Mrs. Ann C.	Risinger, same	as #2 above
18. CAUSE OF DEATH [Enter only one couse per line for			2	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	noCarcino			ONSET AND DEATH
154× DUE TO	mitte 9	metas to	asis	7 moute
Conditions, if eny, which (b)				
geve rise to immediate ceuse				
(a), steting the underlying causa lest.				
(0)	TING TO BEATH BUT NOT	DELATED TO THE TERMIN	IAL DISEASE CONDITION CIVEN II	N DADT 1/21 10 WAS ALITODSY
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT	KELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN II	PERFORMED? YES X NO
200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE	HOW INJURY OCCURED.	Enter nature of injury in D	art I or Part II of item 18)	113 🕅 110 📋
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURED.	cities nesure of injury in t	en loi len il or nem ib.,	
Hour e.m. While		E OF INJURY (Home, ferm, y, street, office bldg., etc.)		(County) (State)
21. I certify that (X (this hospital) attended		Marr 16	in 61 . Time 1)	1067 11.1 00 (1.)
saw the deceased alive on June 14	19Q.L., and that	death occured at O.C.	M, from the causes and	
22e. SIGNATURE	/.)	ATTENDING M	ED. STAFF	22b. DATE SIGNED
(Xarry) - Jo	traces, M.D	D11116 1 01	IRECTOR PHYS.	6-15-61
22c. PHYSICIAN'S		22d. ADDRESS		
NAME (Type) Larry J. HINES, C.	DR, MC, USN	U. S. Na	val Hospital, B	ethesda, Md.
	NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town o	r county) (State)
Burial (Specify) 6-20-61 Ar	lington Nati	onal	Arlington	Virginia
7	ADDRESS & (D)	25a, REC	D BY REGISTRAR 256. REGIST	
W.W.Chambers Co., 1400 Chapin	a Charles Care 1	1		ilms S. Kraus
M. W. Chambers Co., 1400 Chapin	Do., MW, Wasil	DC DATE		

12-11-20 C min belove C Distriction of the second control of Lux Rosmittel 390k Devendis Lux Rosmitte Hobert Deen Tillian ander 3-61-62 Male Checuta elem Officer Person No. 10. Marken Corps Person Corps

Yes 1992-1903 - 163-26-0048 (F) 2015. Ann C. 256111902, 1022 up 32 notice

01 June 14 (61) 6

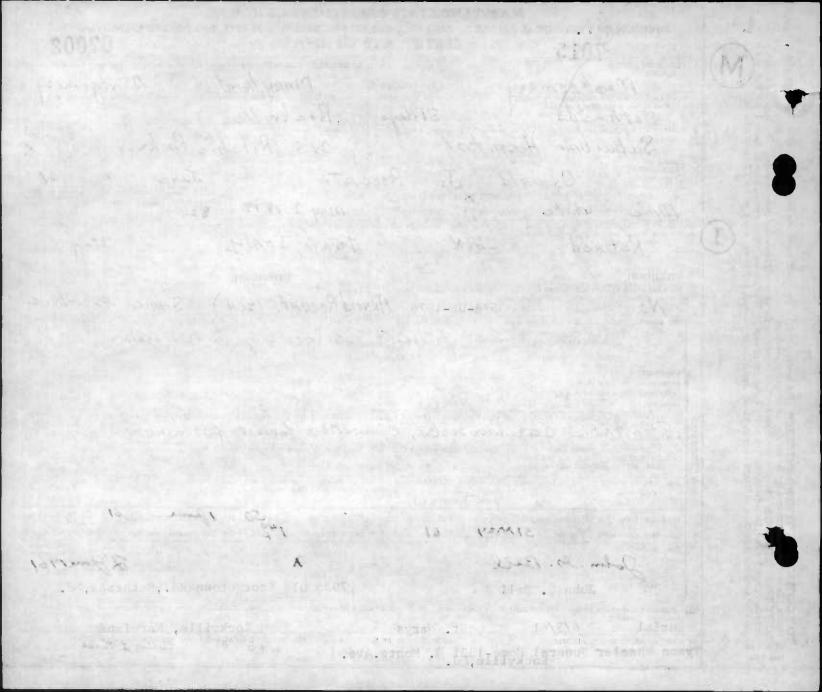
Litter J. Markey College December 1. C. Level Markey Land Company Land elrigily committee incorporate according to the contract of th Chambers Co., LAN CARPAR S. .. Macanic.

2.16

MARYLAND STATE DE	EPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
7015 CERTIFICAT	E OF DEATH	07002
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution	on: Residenca before admission)
Montagnery MARYLAND	a. STATE MARY PAND b. COUNTY	nontaomery
b. CITY OR TOWN (if outside corporete limits) write RURAL and give represent town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	
Bethesda 31 days	In Rockville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita), give street address	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Suburban Hospital	213 Ritchie PARKW	ALU , YES NO NO
3. NAME OF First Middle	Last 4. DATE Month OF	Dey Year
(Type or print) Oswald J. Roc	cati DEATH June	1 1961
	8. DATE OF BIRTH 9. AGE (In years IF UND	ER 1 YEAR IF UNDER 24 HRS.
MA/e White WIDOWED DIVORCED DI	may 2 1879 last birthday) Month	s Days Hours Min.
100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Ketired	TURIN ItAly	Italy
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	-1.11
Unknown	Unknown	
79	INFORMANT Address	/
(Yes, no, or unknown) (If yes give we ror deles of service) 578-05-1976	enold Roccati (son) SAME	- AS Above
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- leronelios meumon	ONSET AND DEATH
491X DUE TO		
Conditions, if eny, which (b)		
gave rise to immediate ceusa		
(a), stating the underlying DUE TO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	
E Prostatic Carcinoma, con	noestive heart failure	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	D. (Enter nature of injury in Pert I or Pert II of item 18.)	
200. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, ferm, 2Df, (City or town) (County) (State)
The same	ctory, street, office bldg., etc.)	
	. 1950, to 1 June	1061 N -1 (1) (1-1) last
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on		1961, that (I) (we) last
22e. SIGNATURE		22b. DATE
00 00 00	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	SIGNED
22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS.	d grove 1961
NAME (Type) John G. Ball	7936 Old Georgetown Rd., Bet	thesda, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or ed	ounty) (State)
REMOVAL (Specify)		
SUTIAL 6/5/61 St. Marys 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D, BY REGISTRAR 25b. REGISTRAN	
Tyson Wheeler Funeral Home-1331 E. Montg.	Ave. DATE UN 5 61	1. Thatta
Rockville, Md.	I WAIL	

TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be within 24 furs after gash. Page 4 retained by the hospital or attending physician.

Yelained by the hospital or attending physician. The plant of physician and completely filled in by the funeral of completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death



FOR STATE TO DEPUTY TAL EXAMINER: This certificate should be executed within 24 hours after de y delay is necessary, the please execute the criticate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 7016 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7003

	0.000
1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
a. county	B. STATE / b. COUNTY
MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	Maryland Montgomery
b. CITY OR YOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give newest town)
7/7 - 1	X <</th
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Silver Spring
d. HAME OF HOSPITAL OR INSTITUTION (If nor in nospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Washington Sanitarium and Hospita	1 11305 Clover Hill Drive YES NOW
3. NAME OF First Middle	
DECEASED	Last 4. DATE Month Dey Year OF
(Type or print) Norman N.M.N.	Rosner DEATH June 11 1961
	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
A A A A A A A A A A A A A A A A A A A	last birthday) Months Deys Hours Min.
Nale White WIDOWED DIVORCED	August 24.1914 46 yrs.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
done during most of working life, even If retired)	
Salesman Keal Estate	New York 4,5.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
That wise R succes (D-s)	() - () () - ()
Millorris Mosner (DEC)	Sarah MLEIN (DEC.)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewerordetes of service)	INFORMANT / Address
Nos WIN2 Anni 1055-10-77/7010	(add) S. 11 a 111
	ashington Janitarium and Hospital
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain Stern	Condressin
	111
7/6X DUE TO	51
Conditions, if any, which \ (b) (ear heart lace	at in + humbars Tdo.
geve rise to immediate cause	auni , jamingage
(a), stating the underlying DUE TO	
cause last. (c) Tarelet women	I thrust limble
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
[5]	YES NO
型 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED.	Enter nature of Injury in Pert I or Part II of item 18.)
20s. EXTERNAL CAUSE WAS PRIMARY GR. Or CONTRIBUTING CUESTION OF CONTRIBUTING CAUSE OF DEATH.	
110111 11 0 1) 1	ullet wound them it limble
20c. TIME OF INJURY Month, Day, Year 200 INJURY/OCCURRED 20e. PL/ Hour Mile Not While fac	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour and Good 9 1941 While at work at work	tog, street, office bldg., etc.)
To go points	none please pour y may ma
21. I certify that I took charge of the remains described above, he	eld an Autopsy Inspection . Inquiry . and in my opinion
death resulted from: Natural causes . Accident . Suice	ide , Homicide , Undetermined manner
1 1 1	CHIEF MEDICAL EXAMINER
SIGNATURE THE SIGNATURE SIGNATURE THE SIGNATURE SIGNAT	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE FILLING & TOTALLE	M.D.
EXAMINER'S TO	DEPUTY MEDICAL EXAMINER
NAME (Type) FFANIY V. 15NOSCHZLA	Address (Street, city, town, or county)
	R CREMATORY 22d. LOCATION (City, town, or country) (State)
(Semoval (Specify) Columbia April 1/10-	11 (/ 500 / 1/1)
NUMITO MITTON VIKE. WHI	L. VEIII. PTRL. VH.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
The AR Bentone Office Unit GODA	2000 DATE JUN 13'61 Chilun S. Kraus
Marchall Company of 1720	THE TOTAL DATE
V	

Charles and the manufactor of the state of t Montgenery mine Maryland Augressand Tons man Parls 2 Days Siver Spring Washington Juniterium and Herpital 11305 Clove Hill Drive w Armon Janes Tesser June de sel Male white the Aquet 24,1914 He Salesman Real Estate New York USA. [Monris Kooner (C) Sarah Lizza et of the last minimation of the product of the port o

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH **DIVISION OF STATISTICAL RESEARCH** 7017

1.	PLACE OF DEATH	1			2. USUAL RESIDEN	CE (Where da			Rasiden	ce bafora a	dmission)
	Montgomer	v		MARYLAND	Maryland		Mont	ury Zomer	v		
-	b. CITY OR TOWN (if outside corpor		c. LENGTH OF STAY IN 16	c, CITY OR TOWN (I	f outsida corpo		-	_ M	naarast tow	vn)
	Write RURAL and		own)	51 house	Silver Sp	mine		2	6		
_	Bethesda		ITION (if not in h	ospital, giva straet address)	d. STREET ADDRESS	TITUR			0	1 e 15 R	ESIDENCE
				ospilai, giva siladi addicas,						ON	A FARM?
	U. S. Nav	al Hosp				West E					NO X
3.	NAME OF DECEASED		First	Middle	Lest	4. DATE OF	Month	1	Day	Yea	r
	(Type or print)	J	ohn	Gray	ROWE	DEATH	Jun	e	29	19	61
5.	SEX	6. COLOR O	R RACE 7. MARR	HED NEVER MARRIED 1 8	. DATE OF SIRTH	9.	AGE (In years			IF UNDER	
M	ale	Caucas	ian WIDOW	/ED DIVORCED	11-21-07	WO.F	last birthday) 53 yrs.	Months	Days	Hours	Min.
10 de	a. USUAL OCCUPAT	ION (Give kind rking lifa, evan	of work 10b.	KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (Coun	ity & Stata, or t	foreign country)	12. CI	TIZEN O	F WHAT	COUNTRY?
	Officer			. S. Navy	Califo	rnia			USA		
13	. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			177		
	Phillip H	. ROWE			Frances J.	SIMMON	IS				
	. WAS DECEASED EV	ER IN U.S. ARM		S. SOCIAL SECURITY NO. 17.	INFORMANT		Address		200		
11	Yes (I	1000	1957	224-52-8212 (W	ife) Mrs. Ann	na Mae	Rowe e	ame s	· #	abo	N/A
-				lina for (a), (b), and (c).]	LIC / PLD. AII	na Parc	nowe, s	cuire a		ERVAL BE	
	PART I. DEAT	H WAS CAUSE	DBY:	7	h A A A Mi				10	SET AND	DEATH
	IMMEDIATE CAUSE (a) Infliction Mysochracum 3/2 hours										
	Conditions, if any, which) (b) Atterior of cleriotic Mardio muscular disease years.										
	Conditions, if any, which gave rise to immediate cause (b) Willrue tolers the Cardeo muscular disease from.										
	(a), stating tha u	-	DUE TO								
	causa last.										
Z	PART II. OTHER	SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY DRMED?
ĮĚ	THE RESERVE									YES X	NO 1
H	20a. ACCIDENT W	AS UNDERLYIN	IG 🖂 20b. DI	ESCRIBE HOW INJURY OCCURED), (Enter nature of injury In	Part I or Part II	of item 18.)				bood
CERTIFICATION	OR CONTRIBUTING	CAUSE OF	DEATH								
	20c. TIME OF INJU			I. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, farm	n, : 20f. (City	an taura)	100	unty)		(Stata)
WEDICAL	Hour a.m.	KI Monin,	Day, Yaar 20d Wh	1.	tory, streat, office bldg., atc.		or rowing	. 100	only,		(Sidia)
AE	p.m.		19 at w	ork at work		i					
	21. I certify t	hat X) (this	hospital) atte	nded the deceased from.	June 29	19 6] to.	June 2	29, 19	61, 1	hat (45	(we) last
	saw the deceas	sed alive on	June 2	9 1961 , and that	death occured ar						
1	220. SIGNATURE	-	0	(0						228	DATE
	aune	u M	elle ti	y aux		MED. DIRECTOR	PHYS.			6-	3050
	22c. PHYSICIAN'S		1//		22d. ADDRESS						
	NAME (Typa)	Russel	1 MILLER	, JR., LT, MC,	USN U. S. Na	val Hos	spital.	Bethe	sda	. Md.	
=	a. 8URIAL, CREMATI			23c. NAME OF CEMETERY			ATION (City, to				itate)
23	REMOVAL (Spacify)		- /-								,
_	Burial	-	-3-61	Arlington N			ngton	OIFTB A CIT		ginia	
	FUNERAL DIRECTOR			ADDRESS			RAR 25b. RE	GISTRAR'S	SIGNA	TURE	
S	H.Hines F	uneral	Home, 29	01 14th St., NW,	WashDC DATEU	3 '61	- Q	Sun g	K		
-		1						7 307 -	, and		

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B. B. Bines Jumered Home, 2901 live St., wil, Washio will be and

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Montgomery b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) 86 Days Ozone Park, Long Island Bethesda d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 10717-88th Street YES NO TO The Clinical Center 4. DATE OF DEATH NAME OF First Middle Day Yeor DECEASED Julia June (Type or print) Rose Ruggieri 19 61 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH 9. AGE (In years 61 60 yrs Manths WIDOWED [DIVORCED [Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) New York USA None Housewife 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Angelina Ruggieri Carmelo Marotta 17. INFORMANT The Medical Record Address IS. WAS DECEASED EVER IN II. S. ARMED FORCES? 16. SOCIAL SECURITY NO. National Institutes of Health, Bethesda lh. Md. No None CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y Mycosis Fungoides; with Congestive Heart Failure IMMEDIATE CAUSE (a) DUE TO Canditions, if any, (b) gave rise to immediate DUE TO couse (a), stoting the underlying cause lost CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) Doy, Year (County) factory, street, office bldg., etc.) Haur a. m. Not while of work of work 21. I certify that (1) (this hospital) attended the deceased from March 7. 19 61 to June 1, 19 61 and that death occurred at 2:58, Por the couses and on the date stated above. saw the deceosed olive on June 1. ATTENDING PHYS. 6/2/61 M.D. DIRECTOR [22c. PHYSICIAN'S he Clinical Center, National NAME (Type) R. B. SCOGGINS. M.D. Institutes of Health, Bethesda lu, Maryland 23g. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) urial-transi Calvary Cemetery Long Island. New York 25b. REGISTRAR'S SIGNATURE Bethesda, Md. 25a. REC'D 8Y REGISTRAR Ciriling S. France

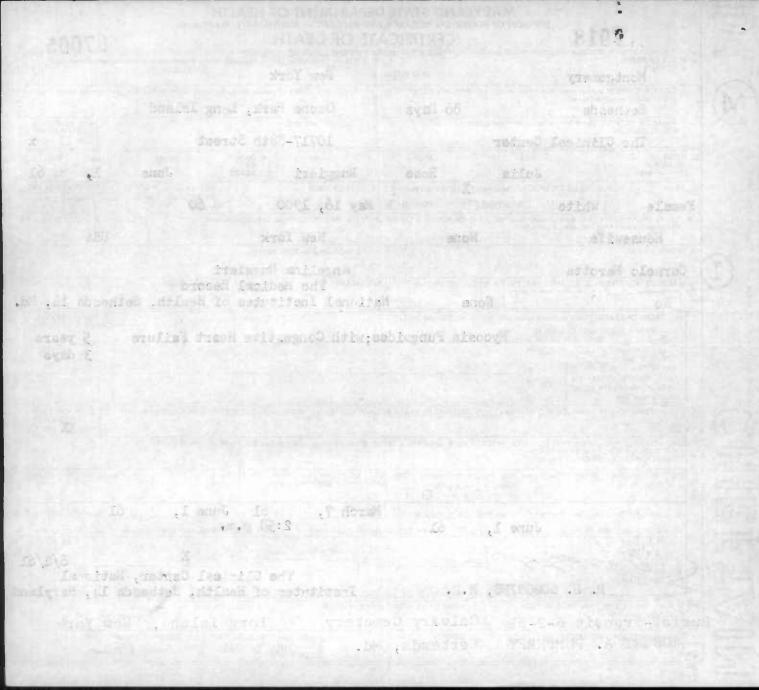
the funeral should be fi Pages death. campletel after papers. and physician within remove attending pleose ony puo P remayol, has been signed buriol-transit ottending physician Б crematian, P pal FUNERAL DIRECT of 3 shauld poge 3 the Stote 10

PHYSICIAN: The law requires that the death certificate

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filed

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** 7019

haspital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the funeral director, the factor this certificate has been signed by the attended of the process. Pages 1 and 2 should be filed with hed far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with hearing to burial, cremation, as removal, and in any event, within 72 hours after death.

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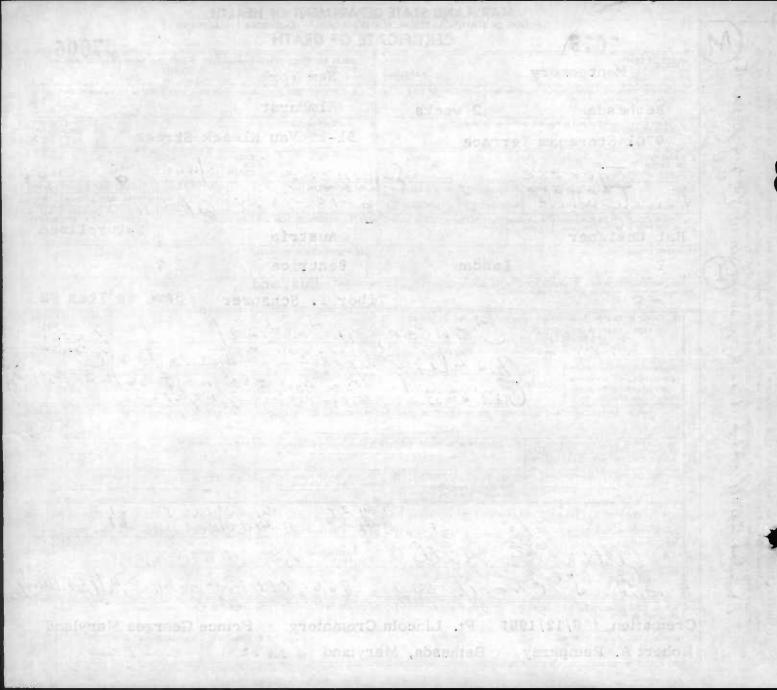
page 3 should be detached far use as the burial-transit permit. the State Board of Hgalth prior to byrial, cremation, ar remaval,

TO HOSPITAL O may be retained TO FUNERAL DIRECTO

VR A1S (4) 1SM 9/59

NDING PHYSICIAN: The law requires that the death certificate be executed w

1					11/11/10
1.	PLACE OF DEATH a. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WHO IS STATE NEW YOR	ere deceased lived. If institution: R b. COUNTY	Residence befare admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda	c. LENGTH OF STAY IN 16 2 weeks	c. CITY OR TOWN (IF o	utside corporate limits, write RURAI	L and give nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 9701 Stoneham Terra		d. STREET ADDRESS 51-15 Van	Kleeck Stree	e. IS RESIDENCE ON A FARM? YES NO K
3.	NAME OF DECEASED (Type or print) Therese	Middle Sch	hanzev	4. DATE OF Month DEATH	9 Day Year 196/
S.	Female White WIDOW		B. DATE OF BIRTH 6-14-18	99 Gyrs. Mo	UNDER 1 YEAR IF UNDER 24 HRS. Onths Days Hours Min. 25
10	during most of warking life, even if retired) Hat Designer	KIND OF BUSINESS OR INDU	11. BIRTHPLACE (State Austria		iz.citizen of what country? Naturalized
13	. FATHER'S NAME	ndau	14. MOTHER'S MAIDEN N Beatrice	IAME ?	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		ibor T. Sch	nd Address anzer Same	as Item #2
	Conditions, if any, which gave rise to immediate couse (a), stoting the under-lying cause last.	stalage o	ting motion	225 ment 2 5/29/61.	orne soth stay.
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal diséase condition given i	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (1)
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Yeor 20d. I While p. m. 19	NJURY OCCURRED 20e. PL. Not white rk ot work	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	20f. (City or town)	(County) (State
	21. I certify that (I) (this haspital) attends saw the deceased alive an 6	1 1	leath accurred at/Li	SM, fram the causes and a	19 <u>61</u> , that (I) (we) las an the date stated abave
	22a. SIGNATURE	null		ED. STAFF RECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) A ONE	ics mo	860/01	d George town	Rel Bether
C	o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Cremation 6/12/1961 FUNERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY OF Lincoln ADDRESS	Crematory	23d. LOCATION (City, tawn, or co	es Maryland
1	Robert A. Rumphrey	Bethesda, Ma			AR'S SIGNATURE



MARA

TO HOSPITAL STIENDING PHYSICIAN: The law requires that the death certificate be vithin 246 are retained by the hospital or attending physician.

TO FUNERAL DISCRIPTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 07007

	6 7 3 6 1 3					VEUUS
1. PLACE OF DEAT	Н					f institutions Rasidanca bafora admission)
Montgome	rv		MARYLAND	District	of Columbia	NIT
b. CITY OR TOWN	(if outside corporate limi	its,	c. LENGTH OF STAY IN 16			ita RURAL and giva naarest town)
	(Dance 7)		22 2	771		H-2 X-3
Bethesda	PITAL OR INSTITUTION (if not in hors	11 days	d. STREET ADDRESS	on	a. IS RESIDENCE
d. IVAME OF HOSE	TIAL OK INSTITUTION (is not in nost	pliar, give siteer address;	G. STREET ADDRESS		ON A FARM?
	val Hospita			1715 Kill	ourne St., N.	
3. NAME OF DECEASED	First		Middle	Last	4. DATE Mon	th Day Yaar
(Typa or print)	Char	les	Henry	SCHMACKEL	DEATH Jun	e 6 19 61
5. SEX	6. COLOR OR RACE	7. MARRIEI		. DATE OF BIRTH		s IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	Caucasian			12-18-92	last birthday) 68 yrs.	Months Days Hours Min.
10a. USUAL OCCUPA	TION (Giva kind of work		ND OF BUSINESS OR INDUSTR		nty & State, or foreign country	1) 12. CITIZEN OF WHAT COUNTRY
	vorking lifa, aven if ratire					
Armed For	ces	U	. S. Marine Co	TIA. MOTHER'S MAIDEN	linois	USA
is. FAIRER'S NAME				14. MOTHER'S MAIDEN	NAME	
	SCHMACKEL			Unknown		
	VER IN U.S. ARMED FOR (If yes give war or dates of s		SOCIAL SECURITY NO. 17.	INFORMANT	Addres	"Kansas City, Mo.
Yes	II & IWW		(D)	Mrs. Clara	E. Robertson.	3842 Wyandotte St.
	DEATH [Enter only one	cause per li	ina for (a), (b), and (c).]		mi zionez obotty	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	14	epatic	Coma		ONSET AND DEATH
00	IMMEDIATE CAUSE (a)		17			
20	DUE TO	1	ierhosis, t	MPNINECLS		
Conditions, if a		6,0 6	CE-110312, F	acioneco		
gave risa to imme (a), stating tha	DIJE TO					
causa last.						
PART II. OTH	ER SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	
						YES X NO
200 ACCIDENT	WAS UNDERLYING	1 20h DESC	CRIBE HOW INJURY OCCURED) (Enter natura of injury in	Part Lor Part II of itam 18.)	1.55 🛣 1.0
OR CONTRIBUTIN	G CAUSE OF DEATH		CRIDE HOW HOOK! O COURT	, (Elliot Harera of Injert) III		
	Y MEDICAL EXAMINER)					
20c. TIME OF IN.		ar 20d. I Whila	,	ACE OF INJURY (Homa, far tory, street, office bldg., etc		(County) (Stata)
Y p.m		at work				
		tal) attend	ded the deceased from.	May 26	19.61 to June	1961, that 00 (we) las
		me 6	10 61 and that	death occured at	:20PM the causes	s and on the date stated above
22a. SIGNATURE	ased alive on		4	death occured at	/11, 110111 1110 C00303	22h DATE
22a. SIGNATURE	1	//	11		MED. STAFF	SIGNED
	X.XII	6/	VILLE N	1.0.	DIRECTOR PHYS.	0-1-07
22c. PHYSICIAN		T 7.50	2403 170027	22d. ADDRESS		
	° R. G. MUTH	ولائد وا	MC, USN	M. S. Nav	al Hospital, 1	Bethesda, Md.
23a. BURIAL, CREMA	TION, 236. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, h	own or county) (Stata)
REMOVAL (Specif	6-9-61		Arlington N	ational	Arlington	Virginia
24 FUNERAL DIRECTO	-	1.	ADDRESS		C'D BY REGISTRAR 25b. R	
	Da	ner	19477			
w.w.Cnambe	ers Co.; 307	2 M S	t., NW, Washing	ton, DC DATEIU	N 9 '61 (2	others S. Krous
						a. Maria

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(a) ins. Clara d. Schungson, 1802 North of the

A. G. MUPT, CE, 4D, USE U. S. Noval Mospical, Brondecks, 18.

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June G. . . . O.L. .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA	TE OF	DE	ATH

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idence	before	admission)	

F	· ·	UAL		TE OF DEATH				4
	1. PLACE OF DEATH a. COUNTY Montgo		MARYLAND	2. USUAL RESIDENCE (WH	b. C	OUNTY	1	
		l (If autside corporate limits, wri nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o		write RURAL and	0	vn)
	OR INSTITUTION	PITAL (If not in haspital, give str N inical Center	reet address)	d. STREET ADDRESS Route #	5, Box 432		ON	SIDENC A FARM
	3. NAME OF DECEASED (Type or print)	First DO ROT	Middle HY ANN	SCHMITT	4. DATE OF DEATH	Month June	Day 19.	Yeor 19 6 :
	5. SEX		AARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH February 7, 1	9. AGE (I last bir 36		R 1 YEAR IF UNI Days Hours	
	during most of w	TION (Give kind of work done orking life, even if retired)	None None	Virgin	ia	12. CI1	USA	COUNT
1	13. FATHER'S NAME George	Dawson		Victoria	Cawman			
	15. WAS DECEASED E (Yes, no. or unknown)	1 (If yes, give war or dores or service)	Not available Th			The second second	Marylan	nd
	gove rise to cause (o), statis	ng the <u>under.</u> DUE TO	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAI DISFASE CONDIT	ION GIVEN IN PA	RT 1(a) 19 WA	SAUTO
	20g. ACCIDENT	WAS UNDERLYING □ 20b.	DESCRIBE HOW INJURY OCCURRI				PERF	ORMED
0 1	OR CONTRIBUTION (IF EITHER, NOTI	NG CAUSE OF DEATH FY MEDICAL EXAMINER)						
V	20c. TIME OF INJ	URY Manth, Doy, Year 20	hile Not while fo	LACE OF INJURY (Home, farm actory, street, office bldg., etc			(Caunty)	(St
V	20c. TIME OF INJ Hour o. n p. n 21. I certify t	URY Month, Doy, Year 20 W ot n. 19 ot	/hile Not while for wark □ at wark □ tended the deceased fram.	octory, street, office bldg., etc	61 da June	19, 19	61, that (I)	
V	20c. TIME OF INJ Hour o. n p. n 21. I certify t saw the dece 22c. SIGNATURE	hat (I) (this haspital) attended alive an June	/hile Not while for wark □ at wark □ tended the deceased fram.	May 29, 19. death accurred at 3. M.D. ATTENDING MPHYS.	61 to June M. 4 M he cau ED. STAFF RECTOR PHYS.	19, 19 ses and an th	61, that (I)	(we) led aba 22b. DATI
,	20c. TIME OF INJ Hour o.n p. n 21. I certify t saw the dece	hat (I) (this haspital) attended alive an June HASKINS K. K.	tended the deceased fram. 19, 1961, and that	May 29, 19 death accurred an Signature and May 29, 19 death accurred an Ma	61 ta June A 4 Months cau ED. STAFF RECTOR PHYS. Clinical	ses and an the Center, Bethes	61, that (I) ne date state Nationada II, I	(we) led aba 22b. DAT 5/19

TO HOSPITAL OF

NDING PHYSICIAN: The law requires that the death certificate be executed with the spital or attending physician.

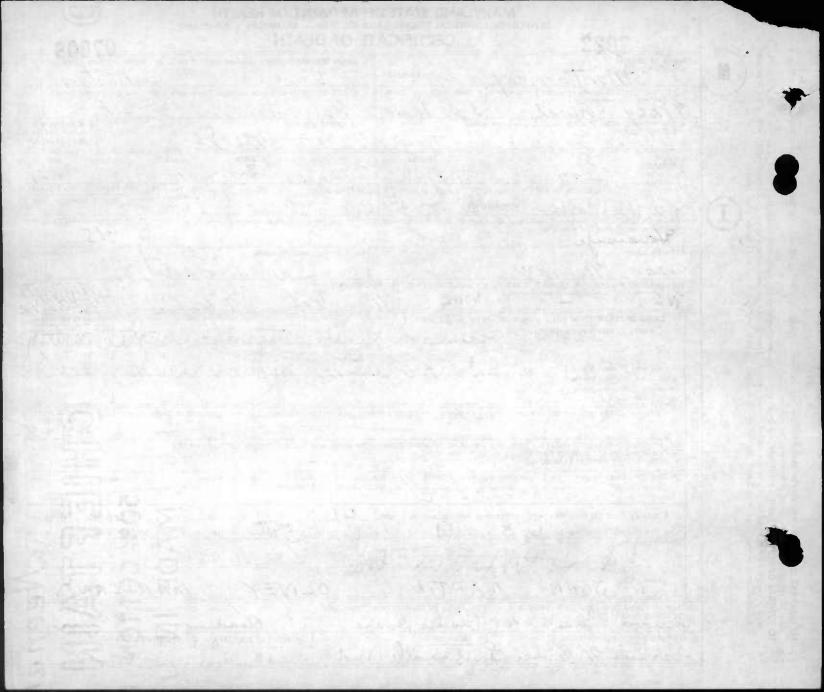
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CTIME TAX sicomovata. 3 5 ME SELL CO . IN COMOTO The Oliginal Center THE PROPERTY. 1 dune and 5.10 abstrate. Tadamana 28 monuted stranger December 1 to the Test Des available the Office Contact, between 11, Paryland Burden Tuner, And Parent State , Nagaurant and antique of the The British Landing of Street, and the land of the lan Cancillat , retres Contain , date. LINE THE RESIDENCE TO SECOND TO SECO detail will also of artistics welloudthe state of the s

MARYLAND STATE DEPARTMENT OF HEALTH

MAKILAND SIAIL DEI AF	AIMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND REC	CORDS — BALTIMORE 1, MARYLA
CEPTIFIC ATE C	DE DEATH

	7022 CERTIFIC	CATE OF DEATH	07000
1.	PLACE OF DEATH O. COUNTY MONTGOMENY MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue) a. STATE (La b. COUNTY a)	dence before admission)
	b. CITY OR TOWN (If outside corporate limits, wate c. LENGTH OF STAY IN I RURAL ond give nearest town)	M.1.7	3 X->
	d. NAME OF AIOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Bhooke Grove foundation	473/9134Th Jo	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Laura Mayer	Schuler 4. DATE Month OF DEATH JUNE	5 19 6 /
,	Female Cauc - WIDOWED DIVORCED	aug = 1871 lost hirthday) Month	
L	USUAL OCCUPATION (Give kind af wark dane during most of warking life, even if retired)	Pao	CITIZEN OF WHAT COUNTRY?
	FATHER'S NAME JOHN MAY UN WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	14. MOTHER'S MAIDEN NAME Sanah Landi Address	S
	s, no, or unknown) (If yes, give war or dates of service) NONE	Mrs Crap 473/913	34IN JAY
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost. [b] DUE TO (c)	of left internal card leratic cardiouseula	A DILLEN
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH		PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of injury in Port I or Part II of item 18.)	,
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e Hour o. m. 19 White Not white of work 10 to wark	e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) foctory, street, office bldg. etc.)	(County) (Stote
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an	at death accurred of 50M, from the causes and on ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	the date stated above. 22b. DATE SIGNED
23	BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETER REMOVAL (Specify) June 5. 1961 Charles &	RY OR CREMATORY 23d. LOCATION (City, town, or count of the county)	(Stole) Benn.
24	FUNCEAL DIRECTOR'S SIGNATURE L'ADDRESS Examis L. Barber Layloneville	250. REC'D BY REGISTRAR'S C Md. DATE JUN 8 361 Cuiling	S. Thous



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	705	3	DICA	FEVAMIL	IEK :	CEKIII	FICA	TE OF	DEATH	Reg. D	Dist. No	07(110
	PLACE OF DEATH					E4	IDENCE	(Where decease	ed lived. If Instit		lence bel	ore adm	ssion)
	Mo	ontgomery		MAR	YLAND	a. STATE	New	York	b. COUN	Re Re	nss	ela	ar,
- 1	ond give negres fown)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAT	IN 16	c. CITY OR	TOWN	(If outside corp	porote limits, write	RURAL on	d give n	earest lo	wn)
		Acres		2 weeks			Sc	henec	tady		69.	X - 3	
	5319 V	Nakefield			ess)	d. STREET		wan S	treet P	o ad		ON	A FARM?
3.	NAME OF DECEASED	Fir	si	Middle		Losi	1	4. DATE	Mon	h	Day	Y	ear
	(Type or print)	FREI		H.		SCOTT	1	OF DEATH	June		15	1	9 61
S. :	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED 8.	DATE OF BIRTH			9. AGE (In years	IF UNDER	TYEAR		ER 24 HRS.
1	Male	White	WIDOWED	DIVORCED		Aug.	20	1882	78 yrs.	Months	Days 16	Hours	Min.
100	. USUAL OCCUPATIO	N (Give kind of work	dane 10b. KI	ND OF BUSINESS OF	RINDUST				ountry)	12. CIT		F WHAT	COUNTRY?
	during most of working Carpenter		Ca	rpenter			Note	York		TIS	A		
-	FATHER'S NAME			- police.	1,00	14. MOTHER'S				- Us	3/3		
	Nowell	Scott				Cl	ara	Hynds					
15.	WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO). 17. IN	FORMANT	ara	Hymus	Address				
{To	No volknown)	Ilf yes, give war or dates of	Ye Ye	SUnknown	L	eo Sco	tt-S	Son-sa	me as 1	d			
	18. CAUSE OF DEAT	H [Enter only one cou	se per line fo								INTE	VAL BETW	EN
	PART I. DEATH	H WAS CAUSED BY:	Cox	onary oc		oi on						udd	
	1120	MMEDIATE CAUSE (a) DUE TO		onary or	CILU	STOIL					- 0	udu	EII
	Canditions, if on		IJ										
	gave rise ta immedi	iote couse	пу	pertensi	-011						y	ear	<u>s</u>
	(o), stoting the vi												
z		ER SIGNIFICANT CON		STRIBLITING TO DEA	TH RUT N	OT RELATED TO	THE TER	MINIAL DISEAS	E CONDITION GI	VEN IN PAR	PT 1(a) 1	2 AVA C	ALITOPSY
110	Diabeti			100000000000000000000000000000000000000		-	1116 161	THE DISEASE	continuit of	TEN IN TA	(0)	PERFC	RMED?
5				HOW INJURY OCCU	IDDED /E	0	yes		of them 30 h		-9	A CONTRACTOR OF THE PARTY OF TH	NO 🔀
L CERTIFICATION	20g. EXTERNAL CAUSE OF DEATH.	TRIBUTING []	O. DESCRIBE	HOW INJURY OCCU	rked. (E	mer nordre di in	ijury in re	an i or ron ii	ar item 16.)				
MEDICAL	20c. TIME OF INJURY	Y Month, Day, Yes			20e. PLAC	E OF INJURY (I	Home, for	rm, 20f. (City	or town)	(Co	unty)		(Stote)
MEC	naur o.m. p.m.	19	While of world	Not while	10010	.,,,	alog., c	.,					
	21. I certify the	at I taok charge	of the re	mains describe	ed aba	ve, held an	Autap	sy [], Ir	spection o	Inqui	ry 😿	and	find that
	death resulted	fram: Natural	causes X	, Accident	, Suic	ide [], H	amicia	le 🗍, Ui	ndetermined	cause [1.		
	/	2	0										
	ACTUAL SIGNATURE	rans I.	1300	schow	2	M.D. CHIEF M	MEDICAL	EXAMINER [DATE S	IGNED
	7						NT MEDI	CAL EXAMINE	R 🔲				
	EXAMINER'S P	rank J.	Brosc	hart		DEPUTY	MEDICA	L EXAMINER	k		6/1	5/6	
220	BURIAL, CREMATION			2c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(State)
Bı	REMOVAL (Specify).	# 6/20/6	1	Bramanvi	lle	Cemet	erv	Bra	manvill	e. N	lew	Yor	k
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS				D BY REGIST		STRAR'S SI			
Ŀ	Robert A.	Pumphre	у Ве	thesda,	Mar	yland	DATE	9 ו אטן	61 6	willing .	8 th.	uA	

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TO HOSPITAL OR A bispital or attending physician.

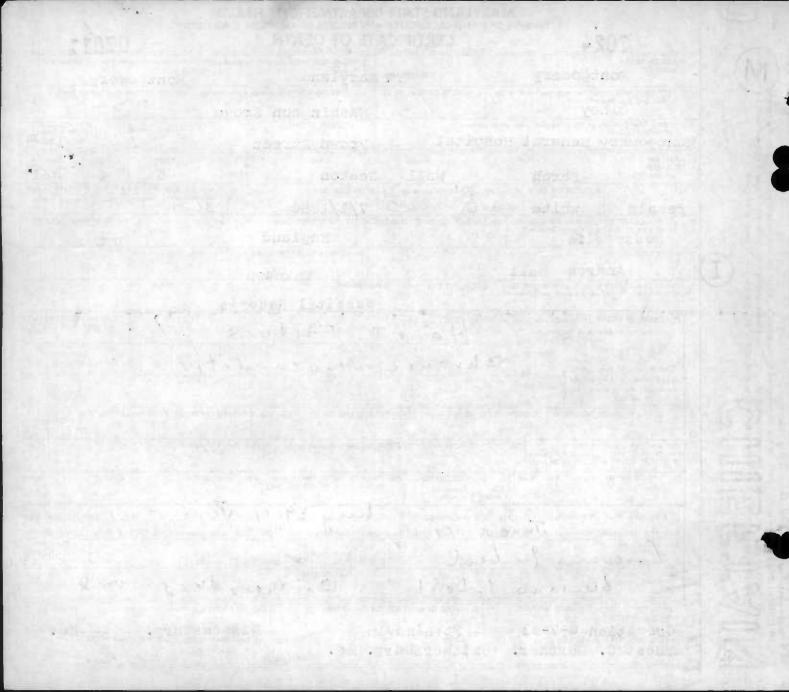
TO FUNERAL DIRECT:

After this certificate has been signed by the attending physician and completely timed in by the funerapoge 3 should be detailed or use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be the State Board at Health prior to burial, cremation, or remaval, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	70	24	_	CERTIFI	CATE	OF DE	ATH	156		(70	11	
	PLACE OF DEATH o. COUNTY MOI	ntgomery		MARYL	and Ma	usual RESIDI	ENCE (Whe	ere deceased	lived. If institution b. COUNTY MON	n: Resider			on)
	b. CITY OR TOWN (If RURAL and give nee Oli		its, write	c. LENGTH OF STAY IN		ashinc			ote limits, write RI	JRAL ond	give neo	rest town)
	d. NAME OF HOSPITA OR INSTITUTION Ontgomer				В	d. STREET AD		et		1		e. IS RES ON A YES	FARM?
	NAME OF DECEASED (Type or print)	Sara j i	rst	Middle Wall	Se	lost		4. DATE OF DEATH	Mon.		Do 4	,	eor 961
	female	6. COLOR OR RACE white	7. MARE	RIED NEVER MARRIED ED DIVORCED		/1/188	30		9. AGE (In years lost birthdoy)	Months Months	R 1 YEAR Days	Hours	R 24 HRS. Min.
100	during most of work	N (Give kind of working life, even if retired W 110	1	KIND OF BUSINESS OR	INDUSTRY		ce (Stote of		untry)	7.35	US	WHATC	OUNTRY?
	FATHER'S NAME AN WAS DECEASED EVER	drew Wa.		SOCIAL SECURITY NO.	17. INFOI		Inkn		Addr	ess			
	ns, no, or unknown) (If yes, give war or dates of s	service)	ne for (o), (b), ond (c).]		spita	l Re	cords	3		Livier	ERVAL BE	
VIION	Conditions, if or gove rise to in couse (o), stoting to lying couse lost. PART II. OTH	he under-	:)	CONTRIBUTING TO DEAT	TH BUT NO	My o				EN IN PA	RT 1(o) 1	PERFO	RMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	Enter noture of	injury in F	Port I or Port	II of item 1B.)			TES [№ □
MEDICAL	20c. TIME OF INJURY Hour o.m. p. m.	Month, Doy, Ye	or 20d. II While of wor	Not while		OF INJURY (H			or town)		(County)		(Stote)
	saw the deceas		l) attend	ded the deceased f					the causes an		,	stated	abave.
	22c. PHYSICIAN'S	ans &	- 6	eal.	M.D	ATTENDING PHYS.		D RECTOR [STAFF PHYS.		1	June	SIGNED
22	NAME (Type)	UCIAL DATE THERE	0 1	Lea 1	TERV OR C	CA		eers	burg	as sount:	u	Q .	
	BURIAL, CREMATION REMOVAL (Specify) Cremati FUNERAL DIRECTOR	6-7-6	1	ADDRESS	oln		25a. REC'[ensburg	T		(Stot	e)
	Ernest C	. Gartne:	r.	Gaithersbu	urg.	Md.	DATE JU	N 7 '6	1 (ing &	three	c.d.	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

7025

CERTIFICATE OF DEATH

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)	a. COUNTY		2. USUAL RESIDENCE			nce before edmission)				
	Mars de se como como	ARYLAND	Maryland		ounty ontgomery					
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OI write RURAL and give neerest town)	STAY IN 16		outside corporete limits,		neerest town)				
		ays	Rockville	12	2					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street		d. STREET ADDRESS	1		e. IS RESIDENCE				
1	U. S. Naval Hospital		12101 Port	tree Road		YES NO X				
	3. NAME OF First Mide	lle	Last	4. DATE M	onth Dey					
	(Type or print) Petrina Augus:	ı.a	SELL	OF DEATH	Tune 16	1961				
	5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA		. DATE OF BIRTH		eers IF UNDER 1 YEAR					
	7	ORCED	6-28-04	last birthde	ey) Months Days	Hours Min.				
			Y 11. BIRTHPLACE (Count	y & State or foreign cour		OF WHAT COUNTRY?				
	done during most of working life, even if retired)	OK HADOSIK								
	Housewife		Minne		USA					
			14. MOTHER'S MAIDEN N							
	Hallgrimur GOTTSKALKSON		Ingbjorg F							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI (Yes, no, or unkown) (Ifyesgive war or detes of service)	IY NO. 17. 1	NFORMANT	Add	dress					
	No None	(S)	Lt. K. W. Se	ell, MC, USN	, same as	#2 above				
	18. CAUSE OF DEATH [Enter only on a ceuse per line for (e), (b), ea	nd (c).)	0 1-	20 -T +	II.	ITERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARCUMO.	ma	Bresto	Millestes	es	1gr.				
	1'/0 X DUE TO									
	Conditions, if eny, which (b)									
	gave rise to immediate cause	gave rise to immediate ceuse								
	(a), steting the underlying cause lest. (c)									
		EATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION	GIVEN IN PART 1(a)					
	ATIO	111111111111111111111111111111111111111			Transpired (PERFORMED?				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO I 200. ACCIDENT WAS UNDERLYING COP CONTRIBUTING CAUSE OF DEATH IIF LITHER, NOTIFY MEDICAL EXAMINER	URY OCCURED	. (Enter netura of injury in P	ert I or Pert II of item 18.)						
,	OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)									
		ED 20e. PLA	CE OF INJURY (Homa, ferm,	. ' 20f. (City or town)	(County)	(Stete)				
	Hour a.m. While Not While		ory, street, office bldg., etc.)		(552)/	(0.000)				
			4 +3 00	(3 -	2/ /2					
	21. I certify that (this hospital) attended the dece					that (X) (we) last				
	saw the deceased alive on June 16 1961	, and that	death occured af	M, from the caus	es and on the c					
	22e. SIGNATURE	100	ATTENDING M	ED STAFF		22b. DATE SIGNED				
	Mallos	М		RECTOR PHYS.	bal 6	-16-61				
	22c. PHYSICIAN'S NAME (Type) LI D TOOTTED TO MO	TCTAT	22d. ADDRESS	7 77	Dathanda	1/3				
	NAME (1990) W. D. MOOFER, LT, MC,			al Hospital,						
	PEMOVAL (Specify)		OR CREMATORY	23d, LOCATION (City		(State)				
	Burial 6-19761 Rocky:	ille Ce		Rockvill		yland				
	24 FUNERAL DESCIONATIVE MICH ADDRES	S	25a. REC	D BY REGISTRAR 256.						
1:	Tyson Wheeler Funeral Home, Rock	rille,	Md. DATE	IN 21 '61	cinhun S. Kr	ALLA				

U. S. Havel Hospital

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Mine (3) 15. K. W. 8111, EV. U.S., and Sandy

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M. D. HOLTER, ET, Mr. USE. - U. S. Mayol Hospius. Bottorde, 1st.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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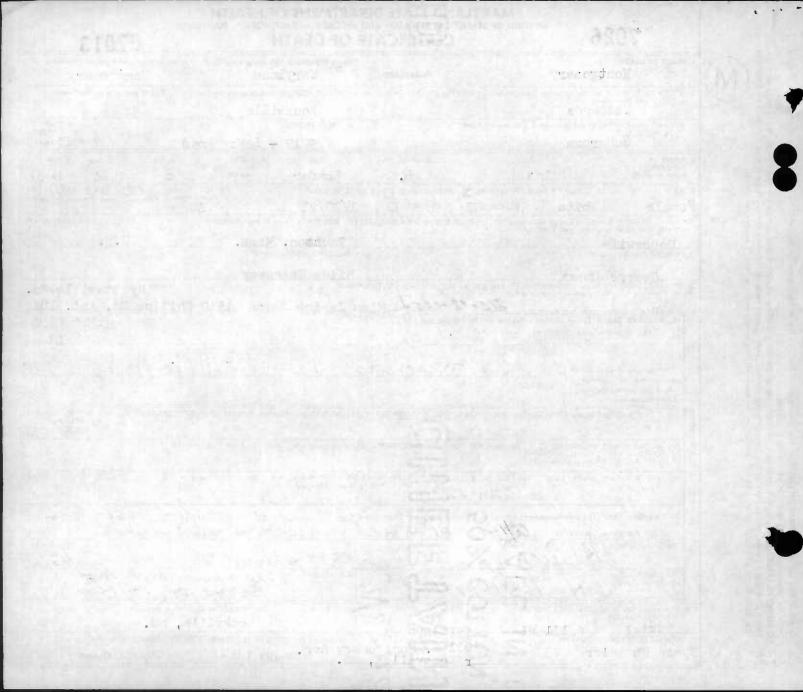
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RURAL ond give regrent town) Bethnesia Activities A			CTAYE
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(Type or print) Hilda L. Shafer Death (Type or print) Hild L. Shafer Death (Type or print) Hilda L. Shafer Death (Type or print) Hilda L. Shafer Death (Type or print) House L. Shafer Death (Death Death Learn Dea	4	OR INSTITUTION	ON A FARM?
Female White WIDOWED DIVORCED 1/30/21 (a) work Days Hours In 1/30/21 (b) yes. In 1/30/21 (b) yes. In 1/30/21 (c) yes. In 1/30/		DECEASED	Last 4. DATE Manth Day Year Of DEATH 6 14 19 61
Housewife Hida Hathaway Is. WAS DECASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hyattsville, No. 18. MINORMANT Address Hyattsville, No. 19. Miss Janice Jones 1510 Chillum Rd. Apt. 10. 1			() () () () () () () () () ()
Is. WAS DECEASEDFORE IN U. S. ARMED FORCES? IV. S. OCIAL SECURITY NO. 17. INFORMANT Miss Janice Jones 1510 Chillum Rd. Apt. 10. 18. CAUSE OF DEATH Enter only one couse per line for (o), (b), and (c). 2 Enter only one couse per line for (o), (b), and (c). 3 Enter only one couse per line for (o), (b), and (c). 4 Enter only one couse per line for (o), (b), and (c). 4 Enter only one couse per line for (o), (b), and (c). 5 Enter only one couse per line for (o), (b), and (c). 5 Enter only one couse per line for (o), (b), and (c). 5 Enter only one couse per line for (o), (b), and (c). 5 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 6 Enter only one couse per line for (o), (b), and (c). 7 Enter only one couse per line for (o), (b), and (c). 7 Enter only one couse per line for (o), (b), and (c). 7 Enter only one couse per line for (o), (b), and (c). 7 Enter only one couse per line for (c), and (c). 7 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 Enter only one couse per line for (c), and (c). 8 E		during most of working life, even if retired) Housewife	Tauthton, Mass. U.S.
DUE TO Conditions, if only, which gove rise to immediate couse (a), stating the under lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME YES NO. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME YES NO. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORME. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORMENT. YES NO. 200. ACCIDENT WAS UNDERLYING Or CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORMENT. YES NO. 201. THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFORMENT. YES NO. 201. THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTY PERFO		15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service) 3/5-/8-0054	Miss Janice Jones 1510 Chillum Rd. Apt. 104
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Yeor Hour o. m. 19 While of work of twork of two twork of two twork of two		Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. DUE TO (b) COULDING (b) DUE TO	na, bront = Metonbors 18 m
20c. TIME OF INJURY Month, Day, Year Month, Day, Year Hour o. m. 19 at work 20d. INJURY OCCURRED While at work 20d. INJURY OCCURRED While at work 20d. INJURY OCCURRED While at work 20d. INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. It a 20f. (City or town) (County) (State) 20f. It a 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. It a 20f. (City or town) (County) (State) 20f. Injury (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 20f. (City or town) (County) (County) (Cou	2.	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURIOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
saw the deceased alive an		20c. TIME OF INJURY Month, Day, Yeor Hour o. m. P. m. 19 While at work of twork 10 of work 10 of wo	
22c. PHYSICIAN'S NAME (Type) . H. TOOHY . H. D. 22d. ADDRESS 7720 WISCONSIN AVER . BETHESDA 14, HD. 23a. BURIAL, CREMATION, REMOVAL (Specify) 6/171 6; Parklaym Rockville, Md.		saw the deceased alive an 6/14 1961, and that	death accurred at 25 M, from the causes and an the date stated above
REMOVAL (Specify) Purial 6/171 6i Parklaym Rockville, Md.	1		M.D. PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
24, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE		REMOVAL (Specify) Purial 6/171 6i Parklawn	

331 E. Montgomery Ave DATE JUN

TO HOSPITAL OR A may be retained b VR A15 (4) 1SM 9/59

ING PHYSICIAN: The law requires that the death certificate be executed with





FOR STATE HEALTH DEPT. TO DEPUTY ME. AL. EXAMINER: This certificate should be executed within 24 hours after death.

Jay is necessary, please execute the criticate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tilles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

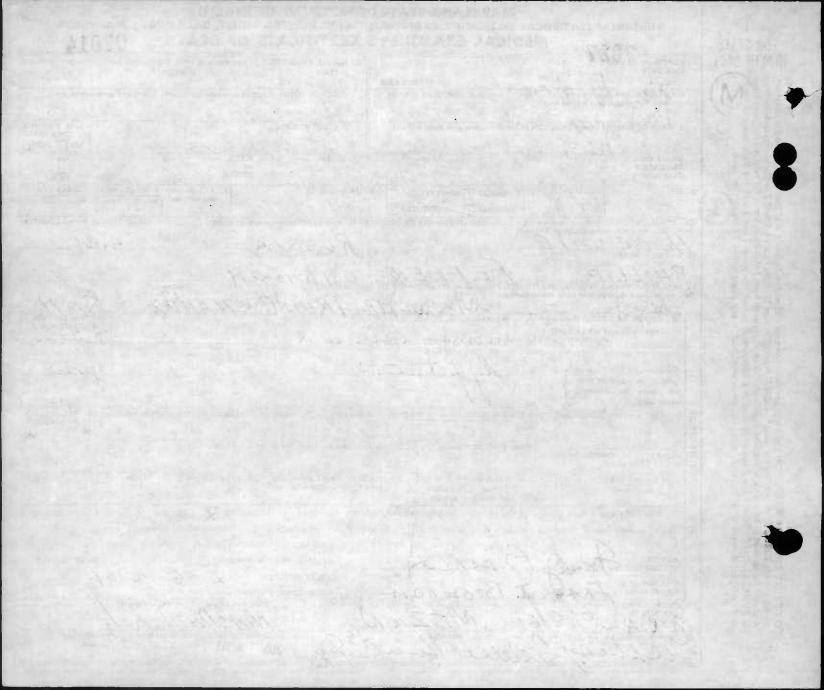
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

-			
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare deceased lived, If institution:	Rasidence before admission)
	a. COUNTY	a. STATE b. COUNTY	and CHARLES
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY, OR TOWN (If outside corporate limits, write RURAL a	The second second
1	write RURAL and give nearest town	c. Cit ok 10 wild in ouiside corporere minus, write kokal at	d give need as lown,
	Takoma Park Doa.	shiatts ville,	656-2
7	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address)	d. STREET ADDRESS	. IS RESIDENCE
	Wash Sould Hick	8123-14/4 11.VOI	YES NO V
	3. NAME OF First Middle	Lasi 4. DATE Month	Day Yeer
	DECEASED	OF ,	11 /1
	(Type or print) Bertha teller	Thantz DEATH 6	16 196/
0	5. SEX 6. COLOR OR RACE 7. MARRIED 7 NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER	
ĺ	widowed Divorced	1-1-1894 last birthday) Months	Deys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		TIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired)	The bikitive country /	TIZER OF WITH COURTER
	HOUSE WITE -	RUSSIA	M.S.C.
	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME	
	DIIIII FEEED	11 M F. 1 1 M	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NON 17.	NFORMANT NOW /Y	
-	{Yas, no, or unkown} (Ifyesgive wer or dates of service)	1 D	0
	MO - UNKNOWNYK	P. IKUINI CHANTZ	SON
	18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Cormany are	luna	ONSET AND DEATH
	(170)	cusers	- Marie
	720. DUE TO		
	Conditions, if any, which (b) ky feeter ton	<u>~</u>	years.
	geve rise to immediate cause DUE TO		1
	(e), steting the underlying causa lest.		
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAGE	T 1(a) I 19 WAS ALITOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO. 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	TREETIED TO THE TERMINAL DISERVE CONDITION OF ENTIRE IN	PERFORMED?
			YES NO
	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (I	inter neture of injury in Pert I or Pert II of item 18.)	
1	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town) (Co	unly) (State)
		ory, street, office bldg., atc.)	(31010)
	p.m. 19 et work et work		
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection , Inquiry ,	and in my opinion
	death resulted from: Natural causes X. Accident . Suic		
	A TOTAL TOTA		
	(1 0 2	CHIEF MEDICAL EXAMINER	
	SIGNATURE TRUE Mochast	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
-		DEPUTY MEDICAL EXAMINER 2 6 - 16.	-61
	NAME (Type) FLANK J. Broschart	Address (Street, city, town, or county)	
	220 ONRIAL, CREMATION, 226. ATE THEREOF 22c. NAME OF CEMETERY OF	REMATORY 22d. LOCATION (City, town, or county	(State)
	(Specify) 6/10/11 MT7101	1 Mach-12/ /	
	LAURIAL 7/8/6/ 11/1.2/01	INITIONS IN - V	11
	23 FINERAL DIRECTOR ADDRESS	42-17- 248. REC'D BY REGISTRAR 246. REGISTRAR'S	
	Locares Julie Hour	- GEZ DATE JUN 1 9 '61 Cultur 2	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY MONTGOMERY in by the MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 2 DAYS 8 HOURS SYKESVILLE Pages 1 filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addrass) d. STREET ADDRESS SUB URBAN 3. NAME OF 4. DATE First Middle Month Last DECEASED OF DEATH (Type or print) T.TT.J.TAN R. JUNE COM withi 9. AGE (In years | IF UNDER 1 YEAR carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthdey) and Months FEMALE. WIDOWED DIVORCED T physician 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) HOUSEWIFE MARION STATION, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please e attending the Then please .= and GEORGE THOMAS MADDOX EVELYN DORSEY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 4858 Battery Lane removal, (Yes, no, or unkown) | (If yes give wer or detes of service Bethesda, Maryland physician. MARGARET L. SHIPLEY 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),] signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO niosclerone Heart Disease Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY certificate CERTIFICATION as 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH Po MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work et work OR: 21. I certify that (1) (this hospital) attended the deceased from ... D. saw the deceased alive on....... 220. SIGNATIONE ATTENDING STAFF PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. HYSICIAN'S NAME (Type) 615 W. Montgomery, Rockville, Md. S. Murphy

23c. NAME OF CEMETERY OR CREMATORY

CARROLL

Deys

(County)

arthur & Krous

23d. AOCATION (City, town or county)

25a, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

U.S.

e. IS RESIDENCE

19 61

Min.

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO .

(Stete)

22b. DATE

(State)

SIGNED

ON A FARM? YES NO

death. Page 4 の音品 VR A15 (4) 15M 9/60

23a. BURIAL, CREMATION, 23b. DATE THEREOF

DIRECTOR'S SIGNATU

REMOVAL (Specify)

PERMITTED AND REPORT OF THE PERMITTED AND PERMITTED AND PROPERTY OF THE PERMITTED AND PROPERTY O 010 CONTRACTOR SERVER SERVER 1111 A CARROLL OF MERCH SECTION, RESTRICTION OF SECTION OF S TOTAL TO MENERS IN THE WAR A SECOND TO SECOND THE SECON ALT W. Controller, J. Gooksille, Md. Pylone . C-26-101 Elfrandelle

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY COUNTY Montgomery
b. CITY OR TOWN (if outside exporate limits, MARYLAND domer by the CITY OR TOWN (If outside corporete limits, write RURAL and give neerest wn) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) ed in E lakoma Tav Pages filled e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edgress) ON A FARM? Vashingto NAME OF YES NO completely DATE DECEASED OF DEATH 196 (Type or print) carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthdey) and WIDOWED K DIVORCED physician IDe. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 1Db. KIND OF BUSINESS OR INDUSTRY (County & Stete, or foreign country) done during most of working life, even if retired) Kussia Housewife
13. FATHER'S NAME MOTHER'S MAIDEN NAME attending pl 14. Jacob and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address removal, (Yes, no, or unkown) | (If yes give we ror detes of service) ashington Sanitarium and Hosp No the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] by ANSET AND DEATH PART I. DEATH WAS CAUSED BY: has been signed be IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) gove rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION PERFORMED? as NO USB prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH for (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) (Stete) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. et work et work p.m. OR: be de 196.1, that (1) (we) last saw the deceased alive on...... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. M.D. O HOSPITAL death. Page 4 director, page be filed with the 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) KEMATORY VOCATION (City, town or BEMOVAL (Specify) 236 OL 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S STENATURE VR A15 (4) 15M 9/60 elke extenually DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	CERTIFICATE OF DEA	Th

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O. COUNTY	MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
d. NAME OF HOSPITAL (If not in hospital, give street address)	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washingtow d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Oak haven convillescent 140	Aiddle Last 4. DATE Month Day Year
(Type or print) Tallulah de Sal	les Smith DEATH June 30 1961
W The state of the	ORCED Feb. 21, 1882 Ost birthdoy) Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during most of working life, even if retired)	IESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER NAME Zadoc Baker	14. MOTHER'S MAIDEN NAME Tallulah abrams
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (Yes, no. or unknown) (If yes, give wor or dates of service)	
gove rise to immediate DUE TO	TATIC CARCINOMA
(7)	MA OF THE CERVIX TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Hour o. m. While Not while of work of twork	ED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.)
	osed from OCT , 1960, ta 6 - 30, 1961, that (1) (we) last and that death occurred at 6 AM, from the couses and on the date stated above
220. SIGNATURE C. Quinnan	22b. DATE SIGNE M.D. PHYS. DIRECTOR DI
22c. PHYSICIAN'S NAMS (Type) RRILL C. QUINNAM	JR. M.D. 7600 CARROLL AVE. TAKOMA PARK, M
REMOVAL (Specify)	F CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial 7/1/61 Rock C	Creek Ceme tery Washing ton, D. C.

the attending physician and campletely trited in by the funeral director. Then please remove carbon papers. Pages 1 and 2 should be filed with TO HOSPITAL OR A MDING PHYSICIAN: The law requires that the death certificate be executed with may be rehained that haspital or attending physician.

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely miled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

A CONTRACTOR OF THE PROPERTY O

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH b. COUNTY Prince Georges a. COUNTY Montgomery MARYLAND c. CITY OR TOWN (If autside carporete limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL end give neerest town) 13 days Hvattaville Bethesda (Rural d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 8317 41th Ave. U.S. NAVAL HOSPITAL. 4. DATE NAME OF OF DECEASED (Type or print) DEATH 23 SMTTHERS June Dennis Keith AGE (In yeers | IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) WIDOWED Y DIVORCED Male Cauc 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) USA Virginia U.S. Marine Corps 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Helen MANN Howard S. SMITHERS 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. or unkown) | (If yes give war or detes of service (S) Robert Howard SMITHERS Unknown INTERVAL BETWEEN 18. CAUSE OF DEATH lEnter only one ceuse per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO Conditions, if eny, which geve risa to immadiete ceusa DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 2Db. DESCRIBE HOW INJURY OCCURED. (Enter netura of injury in Pert I or Part II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Year factory, street, office bldg., etc.) While Not While et work et work saw the deceased alive on.22 June 22a SIGNATUR STAFF ATTENDING 6-24-61 PHYS. X DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S BAKER LT MC USN U.S. Naval Hospital, Bethesda, Maryland 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF

Rock Creek

843 de Georgia Ave.

Silver Spring, Md.

e. IS RESIDENCE

YES NO

19 61

PERFORMED?

NO

(State)

22b. DATE

(State)

Church Road, N.W., Washington, DC

Chilling S. House

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE JUN 2 7 '61

SIGNED

YES X

IF UNDER 24 HRS.

ON A FARM?

death, Page 4 director, be filed OH VR A15 (4) 15M 9/60

REMOVAL (Specify)

PUNERAL DIRECTOR'S SIGNATURE

Pumphrey Funeral Home

Burial

funeral

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Church Load, H.R., Washington. D

M.S. Pumpirey Puntral Note Silver Spring, Mi.

A Transpose

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MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND **DIVISION OF STATISTICAL RESEARCH** CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND the d 2 ONT almery b. CITY OR TOWN (if outside forporate limits write RURAL and give nearest town) outside corporete limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 1b þ WASh _⊑ esa Pages filled i d. STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO completely 4. DATE Month NAME OF Middle Day Year DECEASED OF DEATH 196 (Type or print) 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RAC 7. MARRIED NEVER MARRIED last birthday) Months pue WIDOWED X DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) remove dona during most of working life, even if retired) 100 USB 13. FATHER'S NAME Attending the Then please val, and in 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. Then moval, (Yes, no, or unkown) | (If yes give wer or dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO V 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, street, office bldg., etc.) While Not While Hour a.m. et work et work June 5 , 196. L, that (1) (we) last 21. | certify that (I) (this hospital) attended the deceased from ... Multi-19.5/ to. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING STAFF PHYS. DIRECTOR PHYS. death. Page 4 filed with the 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ON 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) OH 25e, REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) NERAL HOME 4812 Da acceptabate JUN 1 15M 9/60

21010 4. Statement Charles Comment Betherday the by the standard parties and the standard of the Same to the same of the same o JOHN SHIPKEY SEEKEN LAGERE BURELLO EL MEDICO CONSTRUCTO DE DEAT FRAGRICK HOME 4212 Showing MILEN COLLAND

MARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Rasidence before admission) a. COUNTY b. COUNTY Montgomgery MARYLAND Columbia b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) mos. 3days Washington 7 a. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 3252 O St. N. Waverley Sanitarium YES NO completely 3. NAME OF 4. DATE DECEASED Martha June 61 Norton DEATH (Type or print) 19 Spencer carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) and Months Days Hours Female WIDOWED X 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? physician remove done during most of working life, even if retired)
Housewife Buffalo, New York 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please ding Nathaniel W. Norton Mary C. Minor atten 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Then (Yas, no, or unkown) | (Ifyesgive war or dates of service Mrs Henry Day, 3252 O St., N. W. Wash. 7 D.C 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c), 3 mont h PART I. DEATH WAS CAUSED BY: mont hs Cerebral Thrombosis IMMEDIATE CAUSE (a) Arteriolosclerosis Generalized Conditions, if any, which peen gava rise to immediate causa DUE TO (a), stating the underlying hospital or accertificate har Senility PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic Nephritis (Nephrosclerosis NO K 2Da. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm,) (County) (State) factory, street, office bldg., etc.) While Not While at work at work CIOR to 6-20 19.61 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from 11-17-60 saw the deceased alive on 6-20-22a. SIGNATURE SIGNED 6-20-61 PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 22d. ADDRESS 22c. PHYSICIAN NAME (Type) Conn aux 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) St Michael's churchyard Litchfield. 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR ADDRESS VR A15 (4) JUN 2 2 '61 arthur & Kraus 3034 m Street, N.W. 15M 9/60

The court of the first of the f [decupy Thos. Steps Bach com T Montagn Spend - Tune CERT-SI-S De le ville de la Meet west , olayan Hodgott ... interest of Monit , Stores White sections, other to the section of the section BILL BIDT 6 (also national statement of the contract of t Aug . desidence commodition. brachorudo el foedoli, es

FOR STATE DEPT. TO DEPUTY MX. ALL EXAMINER: This certificate should be executed within 24 hours after dec. please execute the Ardicate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

2

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07021 7037

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare daceased livad, If institutions Rasidence before admission)
a. COUNTY	a. STATE b. COUNTY
b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)
writa RURAL and giva naeresl lown)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	3/ Silver Spring
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva street addrass)	d. STREET ADDRESS o. IS RESIDENCE on a farm?
10,026 Lorain Avenue	10.026 Lorain Avenue
3. NAME OF First Middle	Lasi 4. DATE Month Dey Yeer
(Type or print) August P.	Spigone OF June 16. 19 61
5. SEX 8. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	ar 11 1882 79 yrs. Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	ar II, 1882 79 yrs.
dona during most of working life, even if retired)	
Chef. Raleigh Hotel	Rome Italy U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Guy Spigone	Maria Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
(Yas, no, or unkown) (Ifyasgivewarordatasofservica) No 577-14-3495 Mi	ss Violet Spigone, 10,026 Lorain Ave., SS., Md
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Coronary Occlus	ion Sudden
9201 DUE TO	
Conditions, if any, which (b)	
geva risa to immediate ceuse DUE TO	
(e), sleling the underlying cause lest.	
(6)	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Diabetes MellitusYears	PERFORMED?
5 Diabetes MellittusYears	YES NO
Zob. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED. (E PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	Enter nature of injury in Pert I or Part II of item 18.)
Z 20c, TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described above, he	old an Autopsy , Inspection X, Inquiry X, and in my opinion
death resulted from: Natural causes X, Accident , Suic	ide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL TO A	
SIGNATURE Mand I Droschaut	M.D.
EXAMINER'S NAME (Type) Frank J. Broschart	DEPUTY MEDICAL EXAMINER
NAME (Type) Frank J. Broschart 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	
Burial June 20,1961 Fort Lincoln	Cemetery Prince George's County, Md.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Warner E. Pumphrey, Inc., Silver Spring, M. Marmond C. Ziska	Id. DATE JUN 22 '61 Cirthur S. Kraus
Maymond a. scaka	TOATS 2. TOURAGE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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7.03	6		CERTIFI	CATE	OF DE	ATH				U	102	J
1. PLACE OF DEATH o. COUNTY MON	TGOMERY		MARYL		C STATE	ARYL		l lived. If instit b. COUN	tution: Reside	ence befo	re admiss	ion)
b. CITY OR TOWN (RURAL and give n OLIN	If autside carporate limearest tawn)	its, write	c. LENGTH OF STAY IN	N 1b	/ 0		ERSBUR	rate limits, write	e RURAL and	give ned	arest lawr	1)
OR INSTITUTION	TAL (If not in hospitol, g			1	d. STREET AD	DRESS						FARM?
3. NAME OF DECEASED (Type or print)		rst R L E S	Middle WILLIA	М	Lost S T A N G		4. DATE OF DEATH	Jul	Nanth N E	19	,	Year 19 61
S. SEX MALE	6. COLOR OR RACE	7. MARRI	NEVER MARRIED DIVORCED		an 2n	18	74	9. AGE (In year last birthdo	Manths	R 1 YEAR Days	Hours	ER 24 HRS Min.
	ON (Give kind of work king life, even if retired ENANCE	dane 10b. k	CIND OF BUSINESS OR	INDUSTRY		CE (State		ountry)	12. CI	USA	F WHAT (OUNTRY?
13. FATHER'S NAME 15. WAS DECEASED EVEY (Yes, no. or unknown)	FREDERICK SERING U. S. ARMED FOR (If yes, give wor or dates of	RCES? 16. S	SOCIAL SECURITY NO.	17, INFOR	MANT	alth	a Me	ssburg	ddress Ma P	VI A N		
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0)	e for (0), (b), and (c).}	rt	Fa	/	un	e .	I DAN	INT	ERVAL BE	TWEEN
Conditions, if a gave rise to cause (a), stating lying cause last.	mmediate (,	ere br	ral/	Vas		lav	Accid	den7	+		2,.
ICATIO	HER SIGNIFICANT CON		ONTRIBUTING TO DEAT	11()				- ng	GIVEN IN PA	(RT 1(o)	PERFC	AUTOPSY PRMED?
	MEDICAL EXAMINER)											
20c. TIME OF INJUI Hour a.m. p.m.	RY Manth, Day, Ye	While at work	Not while	foctory,	OF INJURY (H. street, affice	bldg., etc	n, 20f. (City	Or fown)		(County)		(State)
21. I certify the saw the decea	/	1) attende	ed the deceased f		,	10:4	5M, fram	the causes				we) last dabave.
22a. SIGNATURE 22c. PHYSICIAN'S	iuno X	Le	al	M.D.	ATTENDING PHYS. 22d. ADDRES	DI	ED.	STAFF PHYS.			22	b. DATE SIGNED
NAME (Type)		EAL, N	<u></u>	FERV OR CE		THE		, MARYI				
23a. BURIAL, CREMATIC REMOVAL (Sprify	6-21-6		Ferest C		EMATORY		HELL CO.	ion (City, fow			(Sto	
Ernest C		a Go	ADDRESS ithersbur	e. M			D BY REGIST		GISTRAR'S S	SIGNATU	RE	

TO HOSPITAL OR A hospital or attending physician.

TO FUNERAL DIRECTC, After this certificate has been signed by the attending physician and campletely itiled in by the funeral page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fitted bard of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

Line 10 Chart BAST -- --TARREST ASSERTE VERNEATHERS tel manimistration (CES VO 201) Court of the Lorent Court of to the state of the ground states of the total

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MAKILAND	SIAIE DEL	AKIMENI U	LUEALIN
DIVISION OF STATISTICAL I	RESEARCH AND	RECORDS - BALT	IMORE 1, MARYLAND

7.06			CERT	IFICA	IE OF DEATH				1702)
1. PLACE OF DEATH		ATA	MA	RYLAND	2. USUAL RESIDENCE (WI	here deceased	lived. If institution b. COLINTY	n: Residence	befare admiss	ian)
b. CITY OR TOWN (If of RURAL and give near Bethesca		ts, write	c. LENGTH OF STA		c. CITY OR TOWN (IF a	autside carpor	ate limits, write RU	RAL and give	nearest tawr	3
d. NAME OF HOSPITAL OR INSTITUTION The Clinic				Md.	d. STREET ADDRESS No street	addres	38			FARM?
3. NAME OF DECEASED (Type or print)	Fir Jam		Benr		Sutherland	4. DATE OF DEATH	June			Year 19 61
	S. COLOR OR RACE White	7. MARR WIDOWE		CED [March 3, 19		9. AGE (In years last birthday) yrs.	7	YEAR IF UNDI	Min.
10a. USUAL OCCUPATION during most of workin	(Give kind af wark of g life, even if retired	dane 10b.	None None	OR INDUS	TRY 11. BIRTHPLACE (State	ar fareign ca	untry)		S.A.	OUNTRY?
Denny Suth		CES? 16.	SOCIAL SECURITY I	NO. 17. IN	Faye Harr	ison	eord Addr	ess		
NO 18. CAUSE OF DEATH		use per lin	None e far (a), (b), and te Lympha	(c).]	e Clinical C	enter,	Bethesda		Arylar	TWEEN
Canditians, if any gave rise to impose (a), stating the lying cause last.	mediate (Gra	m Negativ	e Sep	ticemia				1 we	•k
PART II. OTHER	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	N IN PART 1	(a) 19. WAS PERFO YES	PRMED?
	CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY	OCCURRE	D. (Enter nature of injury in	Part I ar Part	II af item 1B.)			
20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Ye	While	Nat while at wark	fac	ACE OF INJURY (Hame, farr tary, street, affice bldg., etc	c.)		(Cau	inty)	(State)
21. I certify that saw the decease	(I) (this hospital	a Wend	ed the decease	ed fram	leoth occurred at	O-PMO-	the couses on		that (1) (date stated	above.
22a. SIGNATURE	hard E.	Kes	elback	1	M.D. ATTENDING DO D	NED.	STAFF PHYS.	et.fone	6-	5-SIED
22c. PHYSICIAN'S NAME (Type)	RICHARD E	. RIE	SELBACH,	M.D.			thesda 1			
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE THEREC	OF (23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCAT	ION (City, town, a	r county)	(Sto	(4)

1400 Chapin St.

256. REGISTRAR'S SIGNATURE

250. REC'D BY REGISTRAR

TO HOSPITAL OR A DING PHYSICIAN: The law requires that the death certificate be executed with a fater day of the difference has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the State Boord of Health prior to buriol, cremation, ar removal, and in any event, within 72 haurs offer death.

Page 4

VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE
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AUTO I. BUSELINGS, H.D.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution; Residence before admission) e. COUNTY L. COUNTY Pages 1 and 2 sours after death MARYLAND 196Me b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 e RURAL end give ne real town) e. IS RESIDENCE d. WAME OF HOSPITAL O INSTITUTION (if not in haspital, give papers. Pag n 72 hours ON A FARM? YES NO 10.614 Edgewood Avenue completely 3. NAME OF Middle DATE DECEASED OF (Type or print) DEATH 5 19 within carbon AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX RACE 7. MARRIED NEVER MARRIED last birthday) and Months Deys Hours Min. WIDOWED DIVORCED One. USUAL OCCUPATION (Give kind of work done duling most of working life, even life retired) physician remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. State, or foreign country) n 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME please .= death attending and 16. SOCIA Nealon WAS DECEASED EVER IN U.S. ARMED FORCES? SECURITY NO 17. INFORMAN Address Then removal, (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) the ***** None permit. 18. CAUSE OF DEATH (Enter only one causa per line for (a), (b), end (c). INTERVAL BETWEEN attending physician. as been signed by the ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) emation. burial-transit DUE TO Conditions, if any, which gave rise to immediate ceuse DUE TO (a), steting the underlying has hospital or as certificate has causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION PERFORMED? as o NO E prior 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of itam 18.) detached for this (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While Hour a.m et work at work 19 n.m FOR: me 1960 to 1000 lost that (I) (we) last attended the deceased from..... 21. I certify that (I) 19.61, and that death occured and My from the causes and on the date stated above. The deceas ive on.... 22b. DATE 22e SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR M.D. O HOSPITAL death. Page 4 page with th 22c. PHYSICIAN'S 22d. ADDRES NAME (Type Paul T. Noone director, I LOCATION (State) 23a. BURIAL GREMATION, 23b. DATE THEREOF NAME OF CIMETERY OR CREMATORY City, town or county) REMOVAL (Specify) OI 6/12/61 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) Pumphrey Carpund a 218/20 Inc. 8434 Georgia S. Kraua Avenue DATELUN 1 3 '61 15M 9/60

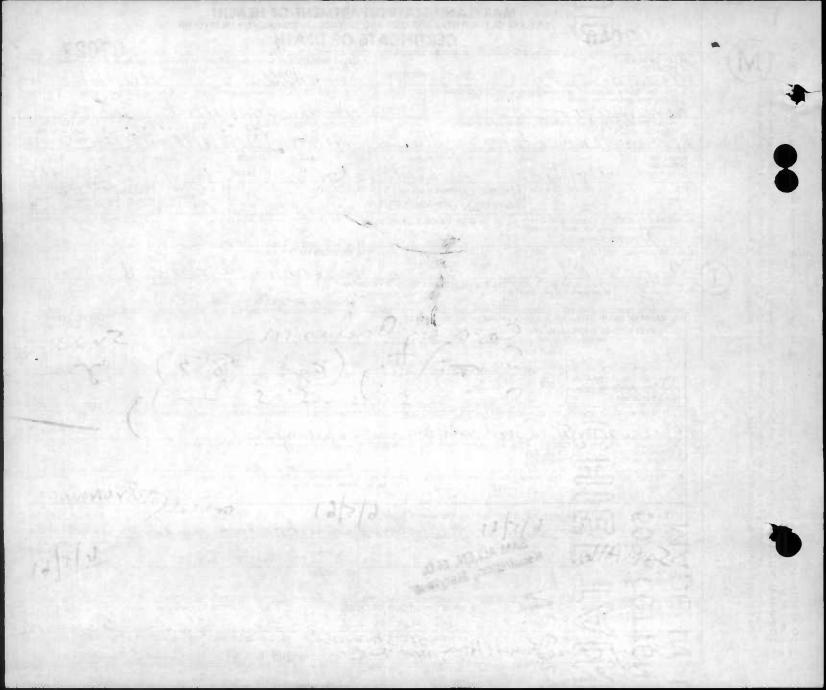
. 7 - 3 CHOMBATION DUBLICH - OF STEEL DISCOUNTED LINE IN AMILY COOKS THEIL KILLY WINDS Bank Shirt - PIJOI Le le le come de greet series soul - 12/15/ & 31/600 Ex Charles Single Charles ACO DE LASO TO AND TOP ITS. to the second of 1000) (Steel) date Marchard of the Common and non who still continue the o 3 450 LOV Day Carlot I I Jahnal 1950 September 17 Birm? the second of the second of the second of THE LAND COMMENT AND LAND COMMENT AND LAND COMMENT OF THE PARTY OF THE

FUNERAL DIRECT

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CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission 1. PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND wash. ann El CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION YES NO San NAME OF DATE Middle Year DECEASED (Type or print) DEATH 19 6 June 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Dovs DIVORCED [WIDOWED A 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO willapplane 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while at wark at wark p. m. 21. I certify that (I) (this hospital) aftended the deceased from A.M. fram the causes and an the date stated above. saw the deceased alive an ___ and that death accurred at 22a. SIGNATURE 22b DATE SIGNED STAFF PHYS. M.D. PHYS. DIRECTOR [22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 st 23a. BURIAL, CREMATION 23b. DATE THEREO 23c. NAME OF CEMEDERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 5/03 Wes Que 250, REC'D BY REGISTRAR VR A15 (4) arthur S. Hum DATELUN 8 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



FOR STATE HEALTH DEPT TO DEPUTY M. I. EXAMINER: This certificate should be executed within 24 hours after declarate in peressary, please execute the carafeste, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1701.4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07028 7041

-											
1.	PLACE OF DEATH						CE (Where	deceased lived, If		dence before	edmission)
	MONTGOMER	Y		MARYLAND	e. STAT		YLAND	b. COUN		OMERY	
	b. CITY OR TOWN (if outside write RURAL and give in	de corporete limits,	c. LENGT	H OF STAY IN 16	c. CITY			orporete limits, write			wn)
-	d. NAME OF HOSPITAL OF	RING INSTITUTION (if not	in hospitel, give st	reet eddress)	d. STRE	SII ET ADDRESS	VER S	PRING			RESIDENCE
	DRIVEWAY,	905 BONIF	ANT STREE	ET	83	01 - 1	6th S	TREET, Al	PT. 303		A FARM?
3.	NAME OF DECEASED	First	1	Middle	Las	st .	4. DATI	E Monti	h D	ey Yea	r
	(Type or print) S	ONDRA			GER		DEAT	TH JUNE 2	26	19	61
S.	. SEX 6. CC	OLOR OR RACE 7. M	ARRIED A NEVER	MARRIED [8. DATE OF BI			9. AGE (In yeers	-		
	FEMALE W	HITE WI	DOWED [DIVORCED	OCT. 25	, 1936		24 yrs.	Months Day	s Hours	Min.
d			NURSE	ness or indus		ARYLAN		country)		OF WHAT	COUNTRY?
13	. FATHER'S NAME				14. MOTHE	R'S MAIDEN	NAME				
	MARCUS (U	NKNOWN					
	es, no, or unkown) (Ifyes giv			CURITY NO. 17.	INFORMAN	T		Address			
	NO		UNKNOW	1 P	OLICE R	ECORDS	3				
	18. CAUSE OF DEATH		e per line for (e), (l	b), end (c).]						INTERVAL BE	
1	PART I. DEATH WAS	IATE CAUSE (e)	CEREBRAL	HEMORRH	AGE AND	LACER	RATION				DEATH!
	976X	DUE TO							-735	SUDDE	IN
	Conditions, if eny, whi	101	BULLET W	DUND THE	OUGH SK	ULL					
	geve rise to immediate cau	DIJE TO									
	cause lest.	(c)									
Z	PART II. OTHER SIGNI	FICANT CONDITION	S CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1(e		
L CERTIFICATION		VAS 20b. [O WITH SI DESCRIBE HOW IN	ELE INFI JURY OCCURED.	ICTED B (Enter neture of	Injury in Per	WOUND to Pert II	THROUGH of item 18.)	SKULL		NO T
MEDICAL	20c. TIME OF INJURY Hour e.m. 2 p.m. JUN		20d. INJURY OCC	hile fe	ctory, street, off	ice bldg., etc.	.) }	ity or town) VER SPRIM	(County)		(Stete)
	21. I certify that I to	ook charge of the	e remains descr	ribed above, I	held an Auto	psy ,	Inspectio	n 🛣 , Inquii	y X, a	nd in my o	pinion
	death resulted from:	Natural causes	Accide	ent [], Su	icide KX	Homicide	D. (Indetermined m	nanner		
	1		_		CHII	EF MEDICAL	EXAMINER				
4	ACTUAL SIGNATURE	zud I. 1	Sur	hout	M.D. ASS	ISTANT MED	ICAL EXAM	INER [DATE SIG	NED
	EXAMINER'S NAME (Type) FRA		CHART			UTY MEDICAL			JUNE 26	, 1961	
22	e. BURIAL, CREMATION, 22 REMOVAL (Specify)	b. DATE THEREOF	22c. NAME	OF CEMETERY	OR CREMATORY		22d. LOC	ATION (City, town	, or country)	(Stet	le)
		6/28/61		NEESETH	ISRAEL			timore		Ma.	
2.	3. FUNERAL DIRECTOR		ADDRE 3501	ss 14th St	- NU			TRAR 24b. REG	ISTRAR'S SIGN	ATURE	
	B. Danzansky	& Sons		D.C.	94111	DATE	N 2 8 '	51 a	Thung & the	aud	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	7042 CERTIFICAT	E OF DEATH
director, led with	1. PLACE OF DEATH o. COUNTY M. ONT TOMONY MARYLAND	2. USUAL RESIDENCE (Where a. STATE Marvla
the funeral shauld be fi	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Bethesda d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	c. CITY OR TOWN (If outside 34 Wheato
d 2 d	Suburban	7806 Terr
illed in other	3. NAME OF DECEASED (Type or print) Milo M Van N	Losi 4.
the attending physician and campletely filled in by the funeral directar. Then please remave carban papers. Pages 1 and 2 shauld be filled with and in any event, within 72 haurs after death.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B WIDOWED DIVORCED 10a. OSUAL OCCUPATION (Give kind of work done during mast at working life, even if retired) To be the beautiful b	TRY 11. BIRTHPLACETSION OF I
rsician and we carban within 72 h	Retired Iron worker 13. FATHER'S NAME Anderson L. Van Noy W. Virginia	14. MOTHER'S MAIDEN NAM Etura Duns
ding phys ise remay y event, w	No (if yes, give war or dotes of service) 301=09=8972 Ma	ormant ry L. Nigh (da
ficate has been signed by the burial-transit permit. al, cremation, ar remaval,	20s. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	vetopealise (
be retained haspital ar att	Hour o. m. p. m. 19 While of work of	eath accurred at MED. ATTENDING MED. ATTENDING MED. 22d. ADDRESS
VERA 3 sho tate B	Jason Geiger 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23

o. COUNTY				a. STATE	t (Where decease	b. COUNT		ore damissio	onj
M	ontgomery		MARYLAND	Ma	arvland		Mont	omerv	
b. CITY OR TOWN (I RURAL and give no	f outside carporote limits	, write c. LENGT	H OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write	RURAL and give fi	earest tawff)	
Beth		7	4 davd	34 W	neston				
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, gi	ve street oddress)	4 daya	d. STREET ADDRE	iss			e. IS RESID	FARM?
	Subur	ban		2806	Terravi	Road		YES 🗌	NO X
NAME OF DECEASED (Type or print)	First		Middle	Losi	4. DATE OF DEATH		inth [Day Ye	eor 9
SEX	MILO M	7. MARRIED NE	VER MAPPIED	NOV B. DATE OF BIRTH		9. AGE (In years	THUNDER I YEA	R IF UNDER	24 HRS.
Mala		WIDOWED.	DIVORCED	11/2	2/02	lost birthday)	Months Days	Hours	Min.
. USUAL OCCUPATION	ON (Give kind of work de	one 10b. KIND OF E	USINESS OR INDU	STRY 11. BIRTHPLACET	Store or fareign o	country	12. CITIZEN		OUNTRY?
Retired	king life, even if retired)	Iron	Worker	Ohio			U	I.S.A.	
FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME				
Anderson L	. Van Noy	W. V	irginia	Etura	Dunson	0	hio		
	R IN U. S. ARMED FORCE	ES? 16. SOCIAL SE	CURITY NO. 17. IP	NFORMANT		_ Ad	dress		
No	(If yes, give war or dates of ser	301-09-	8972 M	ary L. Nigh	daught	ter(same as	above	
18. CAUSE OF DEA	ATH Enter only ane cou	se per line far (o), (b), and (c).	1	0/1	11	l IN	TERVAL BET	WEEN
PART I. DEA	TH WAS CAUSED BY:	(leut)	2 My	wandle	Inse	Shees	ier 5	NSET AND	?AL
420	DUE TO	0	A	10	1		1	1)	
Conditions, if a	/	(DIAN	all .	Throng	ulisoit	1	The state of the s	ours	
gove rise to i	mmediate (71.	1	4 1	, 1		1	1	
lying cause last.	the under-	Calon	ackly Ch	elerios	releio	ols	12	inte	eun
	HER SIGNIFICANT CON	ATIOMS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE	TERMINAY DISEAS	SE CONDITION G	IVEN IN PART 1(a)	19. WAS A	UTOPSY
Diabei	tes mell	iluso	Status	wetopealy	ie Ampo	totion R.	jut Leg.	PERFOR	NO 🗌
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOV	V INJURY OCCURRE	b. (Enter Hoture of inju	ry In Port I of Po	rt II of item 18.)	1		
	RY Month, Doy, Yea	r 20d. INJURY OCC	TURRED 20e. PL	ACE OF INJURY (Home	. farm. 20f. (Cit	v or town)	(Count	v)	(State)
Hour o. m. p. m.	19	While _ Not	f.	ctory, street, office bldg	g., etc.)				
21. I certify the	at (I) (this haspital)	rattended the	eceased fram	6-1	. 19/2/ .ta	61	15, 1961	that (I) (v	ve) last
saw the deceas	sed alive an	0.14 0196	2.1, and that a	death accurred at	Y_AM, fram	the causes a	nd an the da	te stated	abave.
22a. SIGNATURE	In.	M.	-0	ATTENDING	MED.	STAFF		22b	SIGNED
	Ille	-/10	P	M.D. PHYS.	DIRECTOR	STAFF PHYS.		6.0	5.6
22c. PHYSICIAN'S NAME (Type)	110	('	r	22d. ADDRESS			Maryl		
	Jason Geige	r		1112 S	ilver Sp	ring Ave	nue, Sil	ver Sp	oring
a. BURIAL, CREMATIC		F 23c. NA/	ME OF CEMETERY C	R CREMATORY	23d. LOCA	ATION (City, town	, or county)	(Stote)
	it 6/16/61	KARA	M	Cemetery	Londo	nMadison			
FUNERAL DIRECTOR		1C. 8434 ADD	RESS Porgia Av	7e nue 250.	. REC'D BY REGIS		SISTRAR'S SIGNAT		
Rayhor		Silver	Spring,	Maryland DAT	TE JUN 1 9 '	61 0	Inthus S. The	aud	-

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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								U	E 1797	V
1. PLACE OF DEATH a. COUNTY Montgomery			MARYLA	44ID 3	USUAL RESIDENCE (V 2. STATE West Virgi		b. COUNTY	on: Residence	befare ac	lmissian)
b. CITY OR TOWN (If autside carparate limit earest tawn)	s, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (II	f autside carpo	orate limits, write R	URAL and gi	ve nearest	tawn)
Bethesda			74 days		Bluefield			85x-	3	
d. NAME OF HOSPI OR INSTITUTION The Clinic:	TAL (If not in hospital, g				d. STREET ADDRESS 226 Larch	Street			0	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Charlo	it	Middle Louise		Vincent	4. DATE OF DEATH	Man		Day 19	Year 19 61
s. sex Female	6. COLOR OR RACE White	7. MARRIE	ED NEVER MARRIED		tober 28,	1915	9. AGE (In years last birthday) yrs.	1	-	INDER 24 HRS
10a. USUAL OCCUPATI during most of wor Sales Cler	ON (Give kind af wark oking life, even if retired)		IND OF BUSINESS OR			te ar fareign o		0.00	EN OF WH	IAT COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN				••••	
Robert H.	Gilpin				Julia E.	Hager				
	ATH [Enter anly ane ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Una					er, Bethe	sda 14	INTERVA ONSET	yland AL BETWEEN AND DEATH MOS.
Canditians, if a gave rise to cause (a), stating lying cause last.	DUE TO	Gliob	olastoma Mu						4 1	mos.
PART II. OT	HER SIGNIFICANT CON	DITIONS <u>CC</u>	ONTRIBUTING TO DEAT					EN IN PART	PE	VAS AUTOPSY ERFORMED? S NO
OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	200. DESCI	KIBE HOW INJURY OC	CURRED. (EI	arer nature at injury i	m ran i ar ra	ri ii di nem ib.j			
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea	20d. IN. While at wark	Nat while		OF INJURY (Hame, fa street, affice bldg., e		y ar tawn)	(Co	ounty)	(State
21. I certify the	at (I) (this hospital) attende une 1	the deceased f		ril 6	9 61, ta	June 19		_, that ((1) (we) las
22a. SIGNATURE	Philip.	T. Fe	Nis- 17:) м.д.		MED. DIRECTOR		,		22b. DATE 6/20
22c. PHYSICIAN'S NAME (Type)	PHILIP J.	FERRI	S, M.D.		22d. ADDRESS The Institute	ne Clin	ical Centeral Bealth, Bo	ter, ethesd	Natio a 14,	nal Md.
23a, BURIAL, CREMATIC REMOVAL (Specify Burial	ON, 23b. DATE THEREO		23c. NAME OF CEMET				inceton			(State) inia
24. FUNERAL DIRECTOR	's SIGNATURE Pumphres		ADDRESS Rethesda.	Mane	25a. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGI		
KODETT A	. Philliphre	/ - M	ellesda.	Mark	Lelliu a.s.	and and Silvier	· ·	all a		

TO HOSPITAL OR National haspital or otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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4	the State Baard of Health prior to burial, cremation, ar removal, and in any event within 72 haurs after death.
1	See page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with
	See TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director,
1	As may be retained haspital ar attending physician.
	NDING PHYSICIAN: The law requires that the death certificate be executed with 24 yrs after 4844. Page 4

NDING PHYSICIAN: The law requires that the death certificate be executed wi

TO HOSPITAL OR

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1. PLACE OF DEATH a. COUNTY Montgome	ery		MAR	YLAND 2	USUAL RESIDENCE (W	/here deceased	l lived. If institut b. COUNT		ce before adn	njesian)
Bethesda		its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF	outside corpor	rote limits, write	RURAL and g	give nearest to	own)
OR INSTITUTION	PITAL (If not in hospital, on the pical Center		4-10-4-1	Md.	d. STREET ADDRESS 56 Christ	opher S	Street	V.	ON	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)	Fii Me.r		Ann	e	Voto	4. DATE OF DEATH	Ju	nth ne	8 ₉	Yeor 19 61
s. sex	6. COLOR OR RACE White	7. MARI WIDOW	RIED NEVER MARR		DATE OF BIRTH		9. AGE (In years last birthday) yrs	Months	Days Hou	-
Oa. USUAL OCCUPA during most of w Student	TION (Give kind af work arking life, even if retired	dane 10b.	None None		New	Jersey	ountry)	12. CITI	U.S.A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
Andrew V					Matilda B					
1S. WAS DECEASEDE (Yes, no, or unknown)	VER IN U. S. ARMED FOR (If yes, give wor or dates of		None		RMANT The Me Clinical C				Maryla	ind
Conditions, if gave rise to cause (a), statir lying cause las	immediate DUE TO	:)			correction					
CATIO	OTHER SIGNIFICANT CON					Just H		VEN IN PAR		FORMED?
- 1	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY (OCCURRED. (Enter nature of injury in	Part I ar Part	II at item 18.)			
20c. TIME OF INJ Haur a. n	10	While	NJURY OCCURRED Not while	factor	OF INJURY (Home, far y, street, office bldg., e	lc.)	or town)	(0	County)	(Stote
21. I certify the saw the dece	hat (I) (this haspita	le o	ded the deceased	ram	th accurred of :3	9 , .to	the causes a		that (I	
22a. SGNATURE	R	1	00	1		MED.	CTAFE			ed abave
72c PHYSICIAN'S	~ 1.	Va	un	M.E). PHYS. 📗 [DIRECTOR	PHYS.		6/8	22b. DATE
1		TALE	BERT, N.D.	м.	22Therelin of Healt	ical Co	enter, N		il Inst	22b. DATE
23d. BURIAL, CREMAT Burial Speci	JAMES L.		SERT, N.D. 23c. NAME OF CEA St. Nich	METERY OR C	22Thereslin of Healt	ical Geh, Beth	enter, N nesda Li	or county)	l Inst	22b. DATE B/61 GIGNEI Litute

Bethesda, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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may be retained the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremotion, or remayol, and in any event, within 72-bours after death.

DING PHYSICIAN: The law requires that the death certificate be executed wi

TO HOSPITAL OR

VR A1S (4) 1SM 9/59

	COUNTY Mont	gomery		MAR	YLAND 2.	o. STATE NEW	CE (Where decea	sed lived. If inst b. COU		ence befare ac	dmissian)		
` t	Bethesda	f autside carporate li earest town)	mits, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOW		porate limits, wri	te RURAL and	d give nearest	tawn)		
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) The Clinical Center, Bethesda 11, Md.						d. STREET ADDRESS 1127 Indiana Avenue e. IS RESIDENT ON A FARA YES NO							
	NAME OF DECEASED (Type or print)	Sherry	First	Anne	_	Valden Lost	4. DATE OF DEAT		Manth	23 Day	Year 19 61		
s. s F (emale	6. COLOR OR RACI	E 7. MAR WIDOW	RIED NEVER MARRI		ate of Birth	1954	9. AGE (In ye lost birthdo		Doys Ho	INDER 24 HRS		
10a	during most of work	ON (Give kind of working life, even if retire	k done 10b.	None	OR INDUSTRY	-	(Stote or foreign	country)	12. CI	U.S.			
13.	FATHER'S NAME	anley Wal	den		1	Joan W	atton						
1S. {Yes		R IN U.S. ARMED FO (If yes, give war or dates o		None				Records., Bethe		, Maryl	land		
7	Canditians, if a gave rise ta i cause (a), stating lying couse last.	the under-	(c)	ngestive						Com	genta		
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING []	20b. DES	CONTRIBUTING TO DE						PI	ERFORMED?		
MEDICAL C		MEDICAL EXAMINER Y Manth, Doy, 1	Year 20d. While	INJURY OCCURRED Not while rk at wark	20e. PLACE foctory	OF INJURY (Hom, street, affice blo	ne, farm, 20f. (C dg., etc.)	Lity or tawn)		(Caunty)	(State		
	saw the decease 220 SIGNATURE O. W 22c. PHYSICIAN'S		e 23	ded the deceased		ATTENDING PHYS.	MED. MOPPE	STAFF PHYS.	and an t	he date sta 1-61 f Heal	22b. DATE SIGNE		
	NAME (Type) BURIAL, CREMATIC			23c. NAME OF CEM		The Cli	nical Co	enter, B	ethesd	a 14,	Md.		

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STON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed livad, If institution: Residence before admission) a. COUNTY b. COUNTY the d MARYLAND b. CITY OR TOWN (if outside corpo at a limits, write RURAW and give neacest town) and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ E -Takoma PORK within 72 hours after Pages filled d. NAME OF HOSPITAL OR IS RESIDENCE ON A FARM? YES NO Y carbon papers. 3. NAME OF complered 4. DATE DECEASED OF (Type or print) DEATH 19 9. AGD (In years | IF UNDER 1 YEAR last birthday) | Months | Days IF UNDER 24 HRS. 5. SEX 7. MARRIED physician and Days Hours WIDOWED USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .5 attending and 15. WAS DECEASED EVER N U.S. ARMED FORCES? (Yas, no, or unkown) (Ves givewarordetasofsarvice) Then 16. SOCIAL SECURITY NO.1 17. removal, physician. no permit. 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) aftending Conditions, if any, geva risa to Immediata causa DUE TO (a), stating the undarlying has certificate ha PART II. OTHER SIGNIFICANT CONDITIONS THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? as NO 16 prior 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) etached for After this 20c. TIME OF INJURY Month, Day, Yaer 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) factory, streat, office bldg., etc. Whila Not Whila Hour e.m. at work at work TOR: 21. | certify that (I) (this hospital) attended the deceased from L.C. 1907. L., that (1) (we) last saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. STAFF DIRECTOR PHYS. PHYS. death. Page 4 M.D. TO FUNERAL director, page be filed with th 22c PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (Steta) REMOVAL (Specify) Lincoln Crematory Prince Georges County, Md. Cremation Fort 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	13. F
I)	15. \ Yes,
0	MEDICAL CERTIFICATION

1.	Montgomer	y			MAR	YLAND	2. USUAL RES		here decease	ed lived. If institution COUNTY		e before a	dmission)
	Bethesda	arest tawn)		7	days	Y IN 1b	c. CITY OR		outside corp	orate limits, write R	URAL ond g	ive nearest	9-2
	d. NAME OF HOSPIT. OR INSTITUTION The Clini	AL (If not in hospitol	-		a 14,	Md.	d. STREET		Summer	rset Aven	ue	C	RESIDENCE ON A FARM?
	NAME OF DECEASED (Type or print)	Ве	First rtie		Mae		War	ost d	4. DATE OF DEATH	Mon June		Day 10.	Year 19 61
S. :	Female	6. COLOR OR RAC	E 7. MARI	RIED ME	EVER MARR		B. DATE OF BIR		1894	9. AGE (In years lost birthdoy) 66 yrs.			JNDER 24 HRS. Durs Min.
	. USUAL OCCUPATION during most of work Housewife FATHER'S NAME	ing life, even if retir	k done 10b. ed)	NO		OR INDU		Mar	or foreign		12. CITIZ	U.S.	HAT COUNTRY?
	John T. R					- 1		e Law					16 15
	WAS DECEASED EVER s, no. or unknown)	R IN U. S. ARMED Fi If yes, give war or dates	of service)	social se						Record Add		Mary	land
	Conditions, if or gave rise to it couse (a), stoting lying couse lost.	mmediate (то _(b) Mya: то	theni	ia Gr	avis	Heart D	isea s	8			1 Ye	
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING	20b. DES				T NOT RELATED T				'EN IN PART	P	VAS AUTOPSY ERFORMED? S NO
MEDICAL CER	OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJUR. Hour a. m. p. m. 21. I certify tha saw the deceas	MEDICAL EXAMINE Y Month, Doy, 19 t (I) (this haspi	Year 20d. I While at war	k ot w	while ark deceased	d fram.		ce bldg., etc	61	June 10,	, 19_		
	22c. SIGN URE 22c. PHYSICIAN'S NAME (Type)	Charles A	Par.	ju(ne M	. W.	10		EElin		PHYS. IX (Center, Nothersda 1)			22b. DATE SIGNED
230	BYRIAL, CREMATIO	0-1B-6	-				d Md.			ATION (City, town, Crisfiel			(State)
24.	FUNERAL DIRECTORY	S SIGNATURE	Lowne	ADD	DV a	st.	De.	10000	D BY REGIS		STRAR'S SIG		

TO HOSPITAL OR Asspiral are attending physician.

TO FORTH TO RECEIVE Asspiral are attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely fulled in by the funeral director, poge 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remayal, and in ony event, within 72 hours ofter death. VR A1S (4) 1SM 9/59

Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

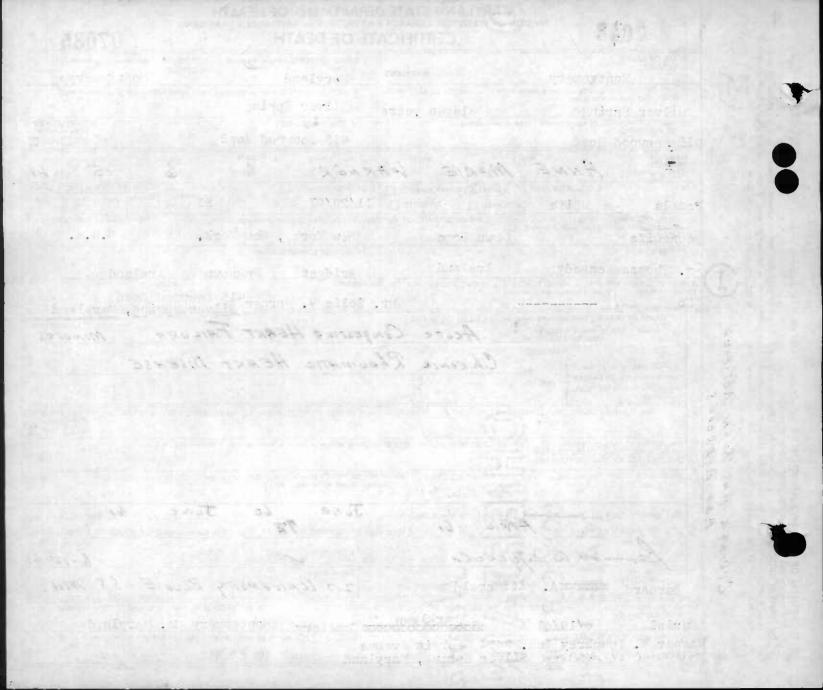
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1. PLACE OF DEATH		MARYLAND	a. STATE	nere deceased lived. If institution b. COUNTY	n: Residence befare admission) Montgomery
	iontgomery	e c. LENGTH OF STAY IN 1b	Maryland	A 14 A 11-14 Ia - Brai	
RURAL and giv	N (If autside carporate limits, writ e nearest tawn)	c. LENGTH OF STAT IN IB		outside carporate limits, write RUF	KAL and give nearest tawn)
Silver S		eleven years	Silver Sp	ring 2	
d. NAME OF HO	SPITAL (If not in hospital, give stro	eet address)	d. STREET ADDRESS	1	e. IS RESIDENC
15 Penwoo			415 Penwo	od Road	YES NO
B. NAME OF DECEASED (Type or print)	ANNE First	MARIE WA	RNER	4. DATE Month OF DEATH	Day Year 15 196
5. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 H
emale		OWED DIVORCED	1.1/20/07	last birthday) 53 yrs.	Manths Days Haurs Mir
		0b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN OF WHAT COUNT
during most of	warking life, even if retired)		New York .	New York.	U.S.A.
ousewife		Own Home			040414
3. FATHER'S NAME	COLUMN TO STATE OF THE STATE OF		14. MOTHER'S MAIDEN I	VAME	
r. Thomas	Kennedy	Ireland	Bridget	Unknown I	reland
S. WAS DECEASED	EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Addres	
No	(ii) yes, give work or color or retricely	Mr	. Zolie V. Wa	rner 415 Penwood	
18 CAUSE OF	DEATH Enter only one cause pe			SLIVET SPI	ing, Maryland
	DEATH WAS CAUSED BY:		ugestive HE	ART FAILURE	ONSET AND DEAT
	IMMEDIATE CAUSE (a)	HELITE CON	vyestive ite	TRI I AILURE	Minores
4/61	DUE TO	11 01	,	1-	
Canditians, i	if any, which) (b)	ChroNIE Kh	EUMATIC H	EART DISEA	256
gave rise to	a immediate (DUS TO				
cause (a), stati	ing the under-				
lying cause lo					
PART II.	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	PERFORMED' YES NO
20a. ACCIDENT	WAS UNDERLYING 206. I	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af item 18.)	
	ING CAUSE OF DEATH				
20c. TIME OF IN		d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farr	n 20f (City or town)	(County) (Sto
Haur a.	m. WI		ctary, street, affice bldg., etc		(County) (31)
Haur a.	10	wark at wark			
21 Logstify	that (1) (this hospital) att	ended the deceased fram.	JUNE 19	60 to June	19 61, that (1) (we)
	Do	/			
	eased alive an	and that o	death accurred at 19	M, fram the causes and	
22a. SIGNYTUR	112-		ATTENDINGN	NED STAFF	22b.DAT
Day	mark a faje,	lected	M.D. PHYS.	IRECTOR PHYS.	6-15-
22c. PHYSICIAN			22d. ADDRESS	70	~ Co.
Bernard	Barryx A. Fitz	gerald	217 UNI	VERSITY BLUD	E. S.S. Md.
20211012			D COULTON'	Total location is:	
23a. BURIAL, CREMA REMOVAL (Spec	ATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OK CREMATORY	23d. LOCATION (City, tawn, ar	r caunty) (State)
Burial	6/19/61	Parklawn	TOC Cemetery	Montgomery Co.	Maryland
24. FUNERAL DIRECT	OR'S SIGNATURE	ADDRESS .	25a. REC	D BY REGISTRAR 25b. REGIST	TRAR'S SIGNATURE
Rastmond		434 Georgia Aver		JUN 2 0 '61 '	Talking 8 the
TOUR / TUDICE	La Salvara SII	VEL SULLIE MATT	7 1 3 11 0	EALL WALL	AMERICA X TRANSPORT

the attending physician and campletely Tilled in by the funeral director. Then please remave corban papers. Pages 1 and 2 shauld be filed with TO HOSPITAL OR NORPHYSICIAN: The law requires that the death certificate be executed will may be retained no otherwise or otherwise physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely fulled page 3 shauld be detached far use as the burial-transit permit. Then please remave corban papers. Pages 1 the Stale Board af Health priar to burial, cremation, or remavol, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59



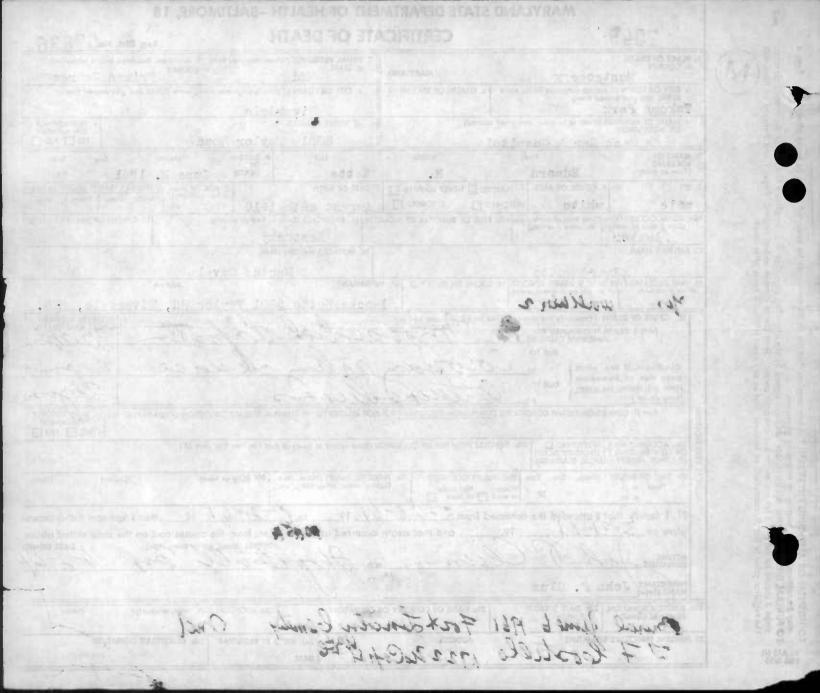
240 REC'D BY REGISTRAR

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24b. REGISTRAR'S SIGNATURE

Cultury S. Traus

VS A15 (4) 15M 9/55



OR STATE FAITH DEPT. tuneral director. Page rained for your tiles. State Board Affection, e. COUNTY 2 with the State R 3. NAME OF 3 to the age 5 may be re 1 and 2 with the 72 hours after of 5. SEX and Female uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, Office along with form PM3. Page 5 pages 1 within File permit. 6 Office along with factorial burial-transit permit permit amoval, and in any e This certificate should be executed removal. "IL EXAMINER: Ims commercing" in Micale, writing the word "pending" in act to the Chief Medical Examiner's Off CTOR: Page 3 should be used as a but CTOR: Page 3 should be used as a but of the commercial control of the control of th CERTIFICATION Cren the Ch. please execute fire cardificate, 4 should be forwarded to the DECTOR: Por its designated agent, prior prior DEPUTY NAME (Type) ₫40 g Removal-0 VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; residence Before admission) 1. PLACE OF DEATH e. STATE b. COUNTY MAXXXXIII Montgomery b. CITY OR TOWN (if outside corporete limits, MARYLAND Maryland Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) 10 vrs. Silver Spring Silver Spring d. NAME OF ROSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1523 Grace Church Road YES NO TH 1523 Grace Church Road Middle 4. DATE Month Dey Yeer DECEASED OF DEATH (Type or print) June 7, 19 61 Phyllis Werder 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Months WIDOWED DIVORCED White 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Green Bay, Wisconsin Housewife Own Home EXCREEX U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas F. Hawley Alvina S. Libert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive wer or detes of service) 1523 Grace Church Road Silver Spring, Marylan I INTERVAL BETWEEN Dr. Richard H. Werder. 050-22-2067 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Strangulation by Hanging IMMEDIATE CAUSE (e) 5 M'10 DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), stating the underlying e Passion cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? DePression NO Y Mantz 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour e.m. .5 at work et work Honze 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion death resulted from: Natural causes Accident Suicide X. Homicide Undetermined manner

CHIEF MEDICAL EXAMINER

hm B. Ball ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S 6/7/61 John G. Ball

Address (Street, city, town, or county)

220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Wisconsin June 10, 1961 Green Bay

23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS Warner E. Pumphrey Inc. 8434 Georgia Ave. DATELIN 1 3 '61 Racherond a Ziska Silver Spring, Md anthua & House

Margaret Miller Control an out metal mier gwill The little 2 1999/ Disorb Est, Standard Est, Tell Woold Jack Line Wanter Yelvel . agency de. The med II. No rece, and the recent of the recent of Standalston by Hargery swan BM 13 moral Deformion Montal Depres Hong solf best chellen be in broom T S-6711 after Ball Tory . DE south C. Linva of Maries I. The ter inc. [1154 deposits were

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 7051 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE the d 2 Montgomerv MARYLAND Maryland by the b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) filled in Pages 1 papers. Pages In 72 hours after Bethesda (Rural) davs Patuxent River d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS U. S. Naval Hospital 3. NAME OF Middle DATE complet DECEASED OF (Type or print) DEATH within Helen Louise WHITE carbon 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH and last birthday) Female Caucasian WIDOWED DIVORCED event, physician remove 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (County & State, or foreign country) 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Housewife Maine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME = aftending Marietta M. BENNETT Vernon L. FLEMMINGS 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address (Yes, no. or unkown) | (Ifves give wer or detecn (service) by the No 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] physician. PART I. DEATH WAS CAUSED 8Y: peubis IMMEDIATE CAUSE (e) burial-transit aftending Conditions, if eny, which geve rise to immediate ceuse DUE TO (a), stating the underlying has ceuse lest. as the After this certificate etached for use as the 0 prior CERTIFIC 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) é 20d. INJURY OCCURRED I 2De. PLACE OF INJURY (Home, ferm, 2Df. (City or town) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. TOR: be de 21. I certify that (1) (this hospital) attended the deceased from May 1 11:05PM saw the deceased alive on. June 22e. SIGNATURE ATTENDING STAFF MED 3 PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Bruce Harold RICE, LT. MC. USN 23e. 8URIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

O HOSPITAL death. Page 4 TO FUNERAL director, page 3 be filed with the VR A15 (4) 15M 9/60

b. COUNTY SY c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO T Naval Air Station Day Year 19 61 June AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? U.S.A. (H) John W. White, same as #2 above INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO XX (Stete) (County) June 7 19 61, that (X (we) last 22b. DATE SIGNED 6-8-61 U. S. Naval Hospital, Bethesda, Md. 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Burial-Shipment Bath Maine Oak Grove Cemetery WINBRAV BIRECTOR'S 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE SIGNATURE ADDRESS Kensp Pumphrey Funeral Home. Bethesda. Md. DATE JUN 9 arthur & Krous

IN INCOMPANY OF MELETALITY

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medical rich fevel skill dell' U. S. Havel Royelfell

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(ii) John E. Marze. Date es es sport

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Brown Marcia BECE, Mr. Mr. Voll W. S. Havel Hospital, Besnesda, Md.

Burta . The state of the Charles . The state of the state

John P Mart

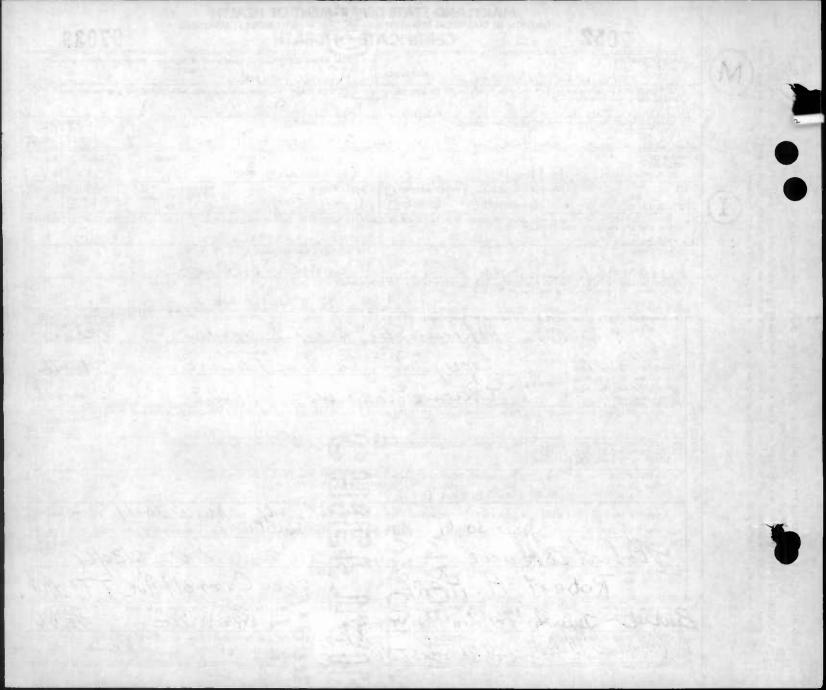
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TO HOSPITAL OR VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07039

	1. PLACE OF DEATH			nere deceased lived. If insti		fare admission)
	· COUNTY (LON-GOMERY	MARYLAND	(STATE PLY A	b. COUN	mont	Gomery
	b. CITY OR TOWN (If outside carporate limits, write CLENC RURAL and give nearest town)	GTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limits, writ	e RURAL and give n	rearest tawn)
1	IAKOMA TARK 10	2 dows	1AROMAT	Die K	17	
	d. NAME OF HOSPITAL (If not in hospital, give street address)	; 0	d. STREET ADDRESS			e. IS RESIDENCE
	Wash, naton San taking	d Jaco tol	25 10	It Place	1	ON A FARM? YES NO
1	3. NAME OF First	Middle	Last	4. DATE	Manth [
1	DECEASED (Type or print)	1	10) 11:	OF	/ =	2 - / 1
	- Intel	Lee	William!		C)	19 (a)
			B. DATE OF BIRTH	9. AGE (In yell last birthda		
П	Female White WIDOWED	DIVORCED 🗌	6-1-0.1		yrs.	
	10b. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF during most of working life, even if retired)	BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	ar fareign country)	12. CITIZEN C	OF WHAT COUNTRY?
	Housewite		Tennes	see	Tu-	SA
	13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME (1700 740
	J. Henry (haveer		Cordie (regulard		
ı	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL	SECURITY NO. 17 IN	FORMANT		Address	
	(Yes, no. or unknown) (If yes, give wor or dates of service)	1	12.21/5	haret		
ŀ	IR CAUSE OF DEATH (Sales also as a line 62)	Mrs 1403	THENT 3		Like	TERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	(0), and (c).]	1 /	A	10	NSET AND DEATH
-	IMMEDIATE CAUSE (a)	unuall	- Hear R	useare	~	gears.
П	DUE TO	-7.	Q 1-	7 1		
	Canditians, if any, which) (b)	regester	Cardeal	/acheere	1 3	3 months
	gave rise to immediate couse (a), stating the under-	.00		20 1 . 1 -	-1442	- 51
	lying cause last.	Louis Ito	marple -1	Lephreles	6	3 months
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBE	UTING TO DEATH BUT I	NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(a)	
П	A THE STATE OF THE					PERFORMED? YES NO 17
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HC	OW INJURY OCCURRED	. (Enter nature of injury in	Part I or Part II of item 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH					
1		CCURRED 20e PLA	CE OF INJURY (Hame, form	20f (City or town)	(County	y) (Stote)
1	Hour a.m. While No	nt while fact	tary, street, affice bldg., etc		(20011)	,, (0.0.0)
	p. m. 19 at wark at	work		1 0	- 10	
4	21. I certify that (I) (this haspital) attended the	deceased fram	april 19	of to suice	30 196/	that (1) (we) last
	saw the deceased alive an	6 and that de	eath accurred at	M, from the causes	and an the da	te stated abave.
-1	22a. SIGNATURE					22b. DATE
1	Tobert attare	/	A.D. PHYS.	ED. STAFF	6/30	SIGNED
	22c. PHYSICIAN'S	1/	22d. ADDRESS	0	1100	1
	NAME (Type) Robert H. A	TARE	760	o carrol	I HUP. 7	P Md
	230 BURIAL, CREMATION, 23b. DATE THEREOF 235 N.	AME OF CEMETERY OR	CREMATORY	23d. LOCATION (City, tow	yn or county)	(State)
	SEMONAL (Specify) Tuy 4 961 718	W Hen Com	Tion	Riginalization	P.	TENIAL
1	24. PUNETAL DIRECTOR'S STONATURE A. AD	DRESS /	11 4 KM C 250 DEC	D BY REGISTRAR 25b. R	EGISTRAR'S SIGNAT	TIPE
	William William on the	ALADOCT NO	1-1-401 16	10.0	Inchun & Han	
A	7254000	mesi Nu	D C DATE	7.3.		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAR

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	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 3. STATE 4. COUNTY
	MONTOOMERY MARYLAND STATE MARYLAND MONTOOMERY
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL) and give nearest town)
	SILVER SPRING 18 VEARS SILVER SPRING 24
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
ı	728 EASLEY STREET 728 EASLEY STREET YES NO)
i	3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year
	(Type or print) JUDITH E. WILLIS DEATH JUNE 18 1961
l	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lest birthdoy) Months Doys Hours Min
ı	FEMALE WHITE WIDOWED DIVORCED MAY 10, 1881 SO yrs. Months Doys Hours Min
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
1	HOUSEWIFE NONE PORTSMOUTH, NO. CAR, U.S.A.
ı	13. FATHER'S NAME
١	ALONZO ENGLISH CORA NEWTON
	15. WAS DECEASED EVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service) (If
	NO. NONE INEZ A. BAILEY 128 EASLEY. SI.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
Į	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY CONDESTION 2 DAYS
	420.0 DUE TO
ı	Conditions, if ony, which) (b) ARTERIOSCLEROTIC HEART DISEASE & YEAR.
ı	gove rise to immediate DUE TO
	lying couse lost. (c) GENIERALIZED ARTERIOSCLEROSIS
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
	3 CEREBRO VASCULAR ACCIDENT (tel, 27, 1961). YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	County) Stormann Street, office bldg., etc.) Stormann Street, office bldg., etc.)
l	Hour o. m. While Not while of work of work of work
1	21. I certify that (1) (this haspital) attended the deceased fram. March 15, 1961, ta June 18, 1961, that (1) (1)
	saw the deceased alive an June 10 1966, and that death occurred at 4AM, from the causes and on the date stated above
	226. SIGNATURE 22b. DATE
	Lelden K. Keaf Man. ATTENDING MED. STAFF DIRECTOR - STAFF PHYS Jeine 18, 1961
ı	22c. PHYSICIAN'S NAME (TYPE) O CALL O DO A DORESS GRANDVIEW AVE.
	IBELDEN KIKEAP, MID SILVER SPRING MARYLAND
	230. BURIAL, CREMATION, 23b, DAJE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stole)
	BURLAR 19161 TRLINGTON 114TL CON ARCIALTON VIRGINIA
I	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRE
١	W.W. CHATTER COLLEGE STORY OF THE STORY OF STORY OF THE S

TO HOSPITAL OR NOING PHYSICIAN: The law requires that the death certificate be executed taspital or attending physician.

TO FUNERAL DIRECTORAGE this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be diled with

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFIC	ATE	OF D	EATH

CERTIFICATE OF DEATH	
1. PLACE OF DEATH a. COUNTY MONT GOMERY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing a STATE MARYLAND MONT GOMERY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admissing a STATE MARYLAND MONT GOMERY	on)
b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town	
RURAL and give nearest town) OLNEY 9 DAYS ROCKVILLE	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION e. IS RESI ON A	
MONTGOMERY GENERAL HOSPITAL 263 & EAST MONTGOMERY AVENUE YES	
DECEASED	eor
TAIRLETA SERINE WILLOUGHS!	9 61
lost birthdoy) Months Doys Hours	Min.
FEMALE WHITE WIDOWED DIVORCED MAY 29, 1961 9 DAY 3/5. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT C	OLINITES
during most af working life, even if retired)	JUNIK
INFANT MARYLAND USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
WILBERT HAR OLD WILLOUGHBY ZELMA SHACKELFURD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Yes, no, or unknown) (If yes, give wor or dates of service) Hospital Records, Olney, Maryland	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	WEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BILATERAL BRONCHO-PNEUMONIA	DEATH
763.5 DUE TO 1	1
Conditions, if any, which) (b) PREMATURITY (3-74)	W
gove rise to immediate couse (a), stating the under-	1
lying cause last. (c)	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOIT OF THE PERFO	SWEDS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS A PERFOLYES 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 204. ACCIDENT WAS UNDERLYING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOC. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty)	(Stote
20c. TIME OF INJURY Month, Doy, Year Volume 19	
21. I certify that (I) (this haspital) attended the deceased fram. 5-29-61 19 to 6-7- 161, that (I) (v	ما امر
saw the deceased alive an 16-7-19 61, and that death accurred a6:23M, Fram the causes and an the date stated	
	. DATE
M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	SIGNE
22c. PHYSICIAN'S 22d. ADDRESS	
C. H. LIGON, M. D. SANDY SPRING, MARYLAND	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial (Specify) 6/9/61 Forest Oak Gaithersburg, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
Tyson Wheeler Funeral Home-1331 E. Montg. Ave. DATE JUN 12'61 Cullun & Krana	

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pagers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event within 72 hours ofter death. VR A1S (4) 1SM 9/S9

IDING PHYSICIAN: The law requires that the death certificate be

TO HOSPITAL OR

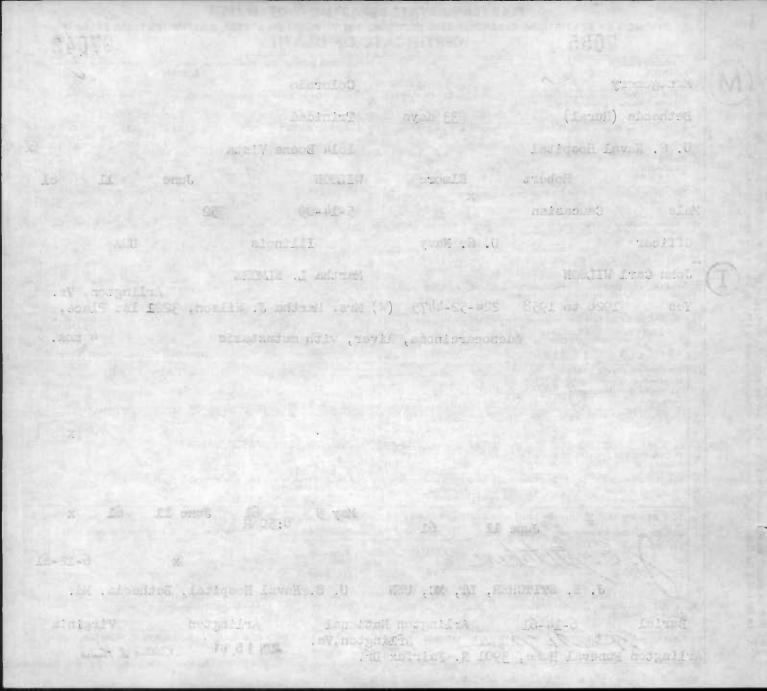
HONTO HEREN SHAREN DISCULLAR AND THE TANK OF THE PROPERTY OF T THE THE PARTY OF T (Late) vermittening 自:而被抗国的"Admin"的,其他"Add TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be conviring within the safer of death. Page 4 a retained by the hospital or attending physician.

Yes TO FUNERAL DIAM TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0704 07042

1. PLACE OF DEATH	2. USUAL RESIDENC	E (Where dacessed livad, If Institution: Re	esidence bafore edmission)
e. COUNTY	e. STATE	b. COUNTY	V
Montgomery b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	Colorado	outside corporale limits, write RURAL and	aive manuari town)
write RURAL and give neerast town)	c. CITY OR TOWN (IF	outside corporate limits, write KOKAL and	giva nearest town)
Bethesda (Rural) 33 days	Trinidad		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, giva straal eddress)	d. STREET ADDRESS	411	IS RESIDENCE ON A FARM?
II S Novel Hespital	1614 Buena	Wante Think -	3 YES NO THE
U. S. Naval Hospital 3. NAME OF First Middle	Lord Buena	4. DATE Month	Day Year
DECEASED		OF	
Model C Elilore	WILSON	June June	11 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1)	
Male Caucasian WIDOWED DIVORCED	5-14-09	52 yrs. Months D	Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	,,		ZEN OF WHAT COUNTRY
done during most of working life, aven if ratirad)			
Officer U. S. Navy	Illino		A
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	NAME	
John Carl WILSON	Martha L. El	LMORE	
	INFORMANT	Addrass Arline	rton Va
Yes (Was, no, or unkown) ((Ifyasgivewarordalesofsarvice) 1928 to 1958 224-52-4475	Man Months		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]) Mrs. Marcha	J. Wilson, 3222 1st	I INTERVAL BETWEEN
PART I DEATH WAS CALISED BY.			ONSET AND DEATH
IMMEDIATE CAUSE (*) Adenocarcinoma, li	ver, with meta	astasis	4 mos.
DUE TO			CONTRACTOR SECTION
Conditions, if any, which (b)			
gava rise to immediate ceusa			
(a), stating the underlying DUE TO			
causa lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY PERFORMED?
Î			YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEA	D. (Enter natura of injury in P	art I or Part II of itam 18.)	1 4 4
OR CONTRIBUTING CAUSE OF DEATH			
5	ACE OF INJURY (Home, farm, tory, streat, office bldg., etc.)		ity) (Stata)
Hour e.m. p.m. 19 While Not Whila at work at work			
21. I certify that the (this hospital) attended the deceased from.	May Q	9 61 to June 11 , 19 6	1) about (NY (1110) loss
21. I certify that N (this hospital) attended the deceased from.	8:	OAM 10	
saw the deceased alive on 19.01, and that	t death occured at	M, from the causes and on th	
22a. SIGNATURE	ATTENDING M	ED. STAFF	22b. DATE SIGNED
S. C. SUXCHER		RECTOR PHYS.	6-12-61
22c PHYSICIAN'S	22d. ADDRESS		
J. E. STITCHER, LT, MC, USN	U. S. Nava	al Hospital, Betheso	Ra. Md.
		23d. LOCATION (City, town or county)	
REMOVAL (Specify)		230. LOCATION (City, fown of county,	
Burial 6-14-61 Arlington Na		Arlington	Virginia
24 FUNERAL DIRECTORS AIGNATURE A TOMAN ADDRESS ATIE	ngton, Va. 25a. REC	D BY REGISTRAR'S S	IGNATURE
Arlington Funeral Home, 3901 N. Fairfax I		1 15 '61 arthur &	there



TO HOSPITAL OR may be retained TO FUNERAL DIRECTOR

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

07043

- 0	ounty ntgomery				MARYL		2. USUAL RESIDENCE VIRGINIA	CE (WI	here deceased	d lived. If instituti b. COUNTY				sion)
Be	ITY OR TOWN (If out: URAL ond give nearest thesda	town)		25	days		c. CITY OR TOWN		outside corpo	rote limits, write f	URAL ond	give ne	arest flow	a)
1 _ 0	NAME OF HOSPITAL (IN OR INSTITUTION OF Clinical				14, M	d.	d. STREET ADDR		Drive					FARM?
DEC	ME OF EASED e or print)	Fir Mar			Middle Ann		Windle		4. DATE OF DEATH	Jun		5	,	Yeor 19 61
5. SEX		White	7. MARR		DIVORCED		anuary 21	,]	1956	9. AGE (In yeors Jost birthdoy) yrs.	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
Ch	SUAL OCCUPATION (C ring most of working I	Dive kind of work of ife, even if retired	done 10b.	None		RINDUSTI		gi	nia	ountry)		U.S.		COUNTRY
	rman E. Wi			97			June Ma	ursi	hall					
15. WA (Yes. no. No	S DECEASED EVER IN or unknown) (If yes,	U. S. ARMED FOR give war or dates of se		None	CURITY NO.		Clinical					Mar	ylan	ıd
18.	PART I. DEATH W		C		(b), ond (c).]		8						ERVAL BE SET AND	
g	onditions, if ony, to ove rise to imme ouse (o), stoting the wring couse lost.	diote (Metas	tatic	Wilm	s Tumor						10 n	nonth
CERTIFICATION	PART II. OTHER S	IGNIFICANT CON	DITIONS C	ONTRIBUT	ING TO DEA	TH BUT N	OT RELATED TO THE	TERM	INAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o)	PERFC	AUTOPSY ORMED?
	D. ACCIDENT WAS UN CONTRIBUTING C EITHER, NOTIFY MED	DERLYING DEATH	20b. DES	CRIBE HOV	V INJURY OC	CURRED.	(Enter noture of inju	ury in	Port I or Por	t II of item 18.)				
WEDICAL 200	TIME OF INJURY A Hour o. m. p. m.	Nonth, Doy, Yes	While	NJURY OC	while		E OF INJURY (Home ry, street, office bld			or town)		(County)		(Stote)
sc	I certify that 🕮	Ton	- 200	led the	1		May 11 oth accurred at	9 : 1	61 to	Tune				we) last dabave.
	o. SIGNATURE	y BX	ph	u	2	М.		DI	NED.	STAFF PHYS.			22	b. DATE
22	c. PHYSICAN'S NAME (Type)	CROME B.	BLOCI	K, M.	D.					ical Centeral Centera			iona 4. M	and the second
Bi	JRIAL, FREMATION, 2 MOVAL (Specify)	6-9-	61	Le	ME OF CEME	TERY OF	wech C	24	Lel	TION (City, town,	hur	ch,	(Stot	(e)/Q
24, FU!	Robert (2 Pura	alar	ADD	RESS	Thus	/ \/		D BY REGIST		STRAR'S S			

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the desired the cast		idami, m. B.	. I SHOUSE	
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		Sherry Carlotte		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filled in by the funeral Pages 1 and 2 should 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) 1. PLACE OF DEATH e. COUNTY . STATEMARYLAND b. COUNTY MONTGOMERY MONTGOMERY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give nearest town)
Bethesda 17 days SILVER SPRING 72 hours after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Suburban 11709 Galt Avenue YES NO completely carbon papers. NAME OF First Middle DATE Month Year DECEASED June 20 19 61 (Type or print) DEATH within 6 h7 a 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | last birthde y) and Months Male White WIDOWED DIVORCED event, physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? remove done during most of working life, even if retired) Virginia U.S. Private any Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ease 2. death aftending Charles E. Waltz Mammie Landown ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Then that the removal, (Yes, no or unkown) | (If yes give we ror detes of service) Grace DeGroat Erickson, Cabin John, Md. been signed by the permit. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b). physician. and (c) ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit DUE TO affending Conditions, if any, which gave rise to immediate ceuse DUE TO (e), steting the underlying has NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ed by the hospital o After this certificate CERTIFICATION PERFORMED? as YES NO I use prior 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) detached for OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Slele) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) factory, street, office bldg., etc.) While Not While Hour e.m. refained et work et work TOR: Dept. 21. I certify that (I) (this hospital) attended the deceased from ____, and that death occurred at PM, from the causes and on the date stated above. plnous State [saw the deceased alive on..... DIRE 22b. DATE 220. SIGNATURE ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS. M.D. TO HOSPITAL death. Page 4 22d, ADDRESS 22c. PHYSICIAN'S NAME (Type) filed v FOCATION (City slown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. REMOVAL (Specify) の音器 25b. REGISTRAR'S SIGNATURE 25e. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60

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TO HOSPITAL OF ADDRESSIONS: The law requires that the death certificate be executed to a first warm. Page 4 may be remained to spiral ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RE

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SEARCH AND RECORDS — BALTIMORE 1, MARYLAND	07046
TIFICATE OF DEATH	04040

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DATELLIN 1 4 '61

711573				
1. PLACE OF DEATH OF COUNTY MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (When District Of	re deceased lived. If institution: Residence Columbia COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limits, write RURAL and giv	ve nearest town)
RURAL ond give negrest town) Bethesda	18 Days	Washington		11 7X-
d. NAME OF HOSPITAL (If nat in haspital, give street	address)	d. STREET ADDRESS		e. IS RESIDENCE
The Clinical Center, Beth	esda 14, Md.	1721 Kilbo	urne Place, N. W.	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harlan	(None)	Wood	4. DATE OF June Manth 12,	Day Year 61
5. SEX Male 6. COLOR OR RACE White Widow	RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH April 4, 1896	last highday) At at m	YEAR IF UNDER 24 HRS. Poys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. during most af working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote of South Caro.	1117107	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John C. Wood		Caroline	Cannon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give year or dates of service) WW I or dates of service)			ical Recordeddress	Maryland
PART I. DEATH Enter only one couse per limited in the course per limited in the course (a). DUE TO Conditions, if ony, which gave rise to immediate course (a), stoting the under lying course lost. (c)		exchouse a	lissemme fel	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CIPETTHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	cardial ref	archou	1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
7	Nat while fo	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		unty) (Stote)
21. I certify that (I) (this haspital) atten- saw the deceased alive on June 12 220. SIGNATURE	ded the deceased fram	10 to	M, fram the causes and an the	22b. DATE
22c. PHYSICIAN'S NAME (Type) Michael W. Br		M.D. PHYS. DIR	ECTOR PHYS.	ational
23d. BURIAL, CREMATION, 23b. DATE THEREOF BAPTIAL 6/16/1961	23c. NAME OF CEMETERY O	ational Cem.	23d. LOCATION (City, tawn, ar county) Arlington Vir	(State)
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Wash.	D.C. 25a. REC'D	BY REGISTRAR 256. REGISTRAR'S SIGN	
The S.H.Hines Co.2901	14th St., N.	W . DATE IN AL	1 4 '61 arthur 8. 1	Craus

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	4		Ttems 11 & 12 Film G289 6/27/61 iwk CERTIFICATE OF DEATH Reg. Dist. No. 0.707.7
neral director, be filed with	N	1. F	ALACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY MARYLAND
the funeral shauld be fi	M	0	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
20	090	(d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR A FARM? YES NO I
Pro L se			NAME OF First Middle Last 4. DATE OF DECEASED Type or print) Evelyn B Weller DEATH While 19 1961
letely fill. s. Pages		5. 5	
d camp paper	É	10a.	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
attending physician and campletely in please remave carbon papers. Pa	T	13.	FATHER'S NAME 14. MOTHER'S MAIDENNAME 14. MOTHER'S MAIDENNAME
attending physic please remave			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no, or unknown) IIf yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT Address 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 18. SOCIAL SECURITY NO. 19.
attendin n please			18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
gned by the at permit. Then	any even		Conditions, if any, which gave rise to immediate (b) Harpertensive Heart Disease years
been sign	D D D D D D D D D D D D D D D D D D D	7	lying cause last. (c) Cirllrigorallerance
e has be	, iby but	L CE	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ifficate the bu	e le (20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
this cert	emonia	MEDICA	20c. TIME OF INJURY Month, Day, Year Hour a. j., p. m. 19 While at work at wor
After After	, 192		21. I certify that I attended the deceased from Mark 21, 1960, to Jerne 19, 1961, that I last saw the deceased alive on 1961, 1961, and that death accurred a 3364 M, from the causes and an the date stated above
be design			ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE
o D			PHYSICIAN'S Philip E Jones Sulver Spring md 6-14-1
D FUNE Page 3	ne registror	22a	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City Jown, or county) (State)
'S A15 (4) 5M 9/55	4	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS DATE JUN 2 1 '61 240 REGISTRAR'S SIGNATURE DATE JUN 2 1 '61

Page 4

IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the

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illed in by the funeral pers. Pages 1 and should within 24 hou death. Page 4 TO HOSPITAL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h death. Page 4 TO FUNERAL TO FUNERAL TO FURE A steel this certificate has been signed by the attending physician and control director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather.

VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEAT	Н			ICE (Where deceased live		before edmission)
Montgomery MARYLAND			a. STATE b. COUNTY			
b. CITY OR TOWN	(if outside corporeta limits,	c. LENGTH OF STAY IN 16	Maryland c. CITY OR TOWN	(If outside corporate limits,	write RURAL and give no	erest town)
Bethesda	d give neerest town)	0 30	Kensingto	7:		
	TAL OR INSTITUTION (if not in)	2 days	d. STREET ADDRESS			e. IS RESIDENCE
		nospiiot, givo situoi uddiess,				ON A FARM?
3. NAME OF	ral Hospital		10503 Dri			YES NO X
DECEASED	First	Middle	Last	4. DATE N	lonth Day	Yeer
(Type or print)	Baby Girl		ZIFFER	DEATH JU	me 23	1961
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	eers IF UNDER 1 YEAR	
Female	Caucasian WIDOV	WED DIVORCED	6-21-61		rs. Months Deys	Hours Min.
10e. USUAL OCCUPAT	TION (Give kind of work 10b.	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Cou	inty & Stele, or foreign cou	ntry) 12. CITIZEN OF	WHAT COUNTRY?
done during most of Wo	orking life, even if retired)		Man	fland	TICA	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	y Land	USA	
Herman ZIF		COCIAL SECURITY NO. L 17	Kathleen I	Mary MORRISON		
(Yas, no, or unkown) (If yes give were redates of service)	6. SOCIAL SECURITY NO. 17.			dress	
No		None (F)	Herman Zifi	fer, same as	#2 above	
	DEATH [Enter only one ceusa pe	er line for (a), (b), end (c).]				RVAL BETWEEN ET AND DEATH
PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rematurity with	immeturita	(Rinth wat		EI AND DEATH
777	DUE TO	1 0100 001 T 01 11 OF	- Amine Cor I Cy	ATT ON MR.C.	111 17 02	
6/					W 100 M	
Conditions, if any	1 1 1					
(e), steting the L	DIE TO					
couse lest.) (c)					
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(e) 19	PERFORMED?
E I					YE	- and
ZOO. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING 206. D	ESCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Pert I or Pert II of item 18.		
OR CONTRIBUTING	MEDICAL EXAMINER)					
ZOC. TIME OF INJU	JRY Month, Day, Yeer 200	d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, far	m. ' 20f. (City or town)	(County)	(State)
20c. TIME OF INJU	WI	hileNot While fac	tory, street, office bldg., et		(0001117)	(5(5)5)
	17	rork at work				
21. I certify	that (* (this hospital) atte	ended the deceased from.	June 21	19.61 toJun	e23, 1961, the	at (x) (we) last
saw the decea	sed alive onJune	23 19 61, and that	death occured at.	A.M. from the caus	ses and on the dat	e stated above.
22e. SIGNATURE	1 dest	1)				22b. DATE
1/1	WIIT //	alb	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	₹T 6-1	23-61 SIGNED
22c. PHYSICIAN'S	- orceo o n		22d. ADDRESS			
NAME (Type	Robert V. RACK	T.T. MC. USN	II S Nav	al Hospital,	Retherds I	V/A
DO DUDIAL COSMAT	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY				
REMOVAL (Specify)		J. Wm. Lees S		Vashington		(Steta)
Cremation	26 Jun 61	MACONDO CAPTOR CON			经 未	
24 FUNERAL PIRECTO	R'S SIGNATURE	ADDRESS	Q 25a. RE	C'D BY REGISTRAR 256.	REGISTRAR'S SIGNATU	JRE
Ever 10 4	pnered Home Fa	Fest vet. 0.	DATE	N 2 7 '61	arthur S. Kraus	

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Robert W. RADK, LT, MJ, USS U. S. Kewell Resched, Bothesine, Mt.

26 Jun 10 Jacky street Bone Co. . A wantlington. P. D.

gor good many good in the " . it is since I say